

CITY OF CARLISLE

---

# ANNUAL REPORT

OF THE  
MEDICAL OFFICER OF HEALTH  
FOR THE YEAR

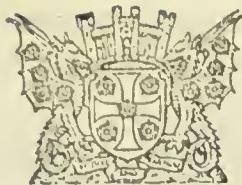
1962

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JAMES L. RENNIE

M.D., M.R.C.P. (Glasgow), D.P.H.  
MEDICAL OFFICER OF HEALTH





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## HEALTH COMMITTEE, 1962-63

Chairman—Councillor LITTLE

Deputy Chairman—Alderman Miss WELSH

Councillor BARRETT  
Councillor BIRTLES  
Councillor CAVEN  
Councillor DERRY  
Councillor MATTHEWS  
Councillor Mrs. MAWSON  
Councillor Miss SIBSON  
Councillor WALSH

## OTHER COMMITTEES CONCERNED WITH PUBLIC HEALTH MATTERS

**Education Committee**—School Health Service.

**Welfare Services Committee**—Administration of the appropriate Sections of the National Assistance Act, 1948.

**Water Committee**—Water Supply.

## SENIOR PUBLIC HEALTH OFFICERS

Medical Officer of Health,	- JAMES L. RENNIE, M.D., Ch.B., M.R.C.P.,(Glas.), and Chief Welfare Services Officer
Assistant Medical Officers of Health and School Medical Officers	- JAMES C. B. CRAIG, M.D., Ch.B., D.P.H. - DAVID L. WILSON, M.B., Ch.B., D.P.H., D.T.M. & H.
Principal Dental Officer—Education and Health.	- THOMAS W. GREGORY, L.D.S.(Ed.), L.R.C.P., etc.
Dental Officers, Education and Health.	- Miss J. PEAKER, B.D.S. (To 9th March, 1962) - Mrs. M. HERD, L.D.S., R.C.S.(Eng.), B.D.S.(London) (From 1st February, 1962) - Mr. H. V. McKAY, L.D.S.(Glas.). (Part Time from 25th January, 1962 to 10th August, 1962). - Miss E. RAE L.D.S.(Manchester). (From 8th August, 1962).
Chief Public Health Inspector	- ERNEST BOADEN, A.M.I.P.H.E.
Chief Administrative Assistant	- L. OATES.



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Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1962. The mid-year population as given by the Registrar General shows an increase from 70610 to 70800.

There has been an increase of 69 in the number of births registered to a total of 1303 and I am pleased to report that this has not been accompanied by an increase in illegitimacy such as has been experienced in other parts of the country. It is gratifying to note that there has been a fall in the number of stillbirths and the number of infant deaths. Once again I have to record an increase in the number of deaths from cancer of the lung and to point out that in spite of the propaganda which has taken place there are still far too many people smoking cigarettes. This not only exposes those people to further risk of cancer but it makes it exceedingly difficult to pass over the message to the younger generation.

There was a considerable fall in the number of cases of infectious disease notified. This was, of course, expected after the measles epidemic of 1961. It is pleasing to note that the drop in notifications of pulmonary tuberculosis continues.

The services provided under the National Health Service Act have continued to expand slightly and it will be noted that the acceptance rate for vaccination and immunisation procedures continues to be high in the City. The recruitment of professional staff such as psychiatric social workers, student health visitors and staff of Training Centres for the Subnormal still presents much difficulty.

It is with deep regret that I have to record the death of Miss Lilian Smithson, S.R.N., S.C.M., the Superintendent of the District Nurses and Midwives. Miss Smithson first joined the staff of the Department in 1937 as a District Midwife and was promoted to the post of Superintendent in December, 1955. Throughout the period she was with the Corporation Miss Smithson was a loyal and faithful servant of the Citizens of Carlisle and her passing will be much regretted.

The demand for residential accommodation for aged persons continues to increase and plans are now being drawn up for a new 45 place Home. During the year the Council prepared and submitted to the Ministry its ten year programme for the expansion of the Health and Welfare Services.

For the first time for many years we have had a full establishment of Public Health Inspectors and this has been reflected in the increased thoroughness of inspections and in the number of houses dealt with in the slum clearance programme. In view of the fact, however, that many of the properties are situated in clearance areas a considerable time lag is inevitable between the date of representation and the date of completion of such housing action. The work of the Cleansing Section has continued as in previous years and the distribution of municipal dustbins was completed during the year.

I desire to record my thanks to all members of the staff of the department for their willing service and to acknowledge the help and co-operation received from the officers of other Corporation Departments in our general work as well as in contributions to this Annual Report. I also wish to express my gratitude to general practitioners and hospital staffs for their co-operation. To the Chairman and members of the Health Committee I desire to give my thanks for the help, encouragement and support given me throughout the year.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

JAMES L. RENNIE,

Medical Officer of Health.

**SECTION I.**  
**VITAL STATISTICS**

# VITAL STATISTICS

## SUMMARY

Area (acres)	...	...	...	...	...	...	6,092
Population (1962) Estimate of Registrar General						...	70,800
Rateable Value	...	...	...	...	...	£	902,105
Sum represented by a Penny Rate	...	...	...	...	...	...	£3,684

The rates given in brackets are those which would have applied had it been possible to transfer out Scottish births and deaths as explained in my Annual Report for 1953.

### LIVE BIRTHS:

		TOTAL	M.	F.
Legitimate	...	1,303	673	630
Illegitimate	...	56	29	27

Live Birth Rate per 1,000 of the population—19.19 (18.14).

Live Birth Rate per 1,000 of the population as corrected by the Area Comparability factor of 0.95 is 18.23.

### ILLEGITIMATE LIVE BIRTHS (per cent of total live births)—

4.12 (3.97)

### STILLBIRTHS

...	...	...	...	28	15	13
Stillbirth rate per 1,000 total live and stillbirths—						
20.19 (19.10)						

### TOTAL LIVE AND STILLBIRTHS

...

1,387 717 670

### INFANT DEATHS (deaths under 1 year)

...

29 17 12

### INFANT MORTALITY RATES:

Total Infant deaths per 1,000 total live births—21.34 (21.03)

Legitimate infant deaths per 1,000 legitimate live births ... ... ... ... 20.72 (21.90)

Illegitimate infant deaths per 1,000 illegitimate live births ... ... ... ... 35.71 (39.22)

### NEO-NATAL MORTALITY RATE (deaths under four week per 1,000 total live births)

...

15.45 (15.58)

### EARLY NEO-NATAL MORTALITY RATE (deaths under one week per 1,000 total live births)

...

12.51 (12.46)

### PERINATAL MORTALITY RATE (Stillbirths and deaths under one week combined per 1,000 total live and stillbirths)

...

32.44 (31.32)

### MATERNAL MORTALITY (including abortion)

No maternal deaths occurred during the year.

### DEATHS

...	...	...	...	898	Total	M.	F.
-----	-----	-----	-----	-----	-------	----	----

Death Rate 12.68 (12.10) per 1,000 population.

Death Rate per 1,000 of the population as corrected by the Area Comparability factor 1.12 is 14.20.

## POPULATION

The Registrar General's estimate of the mid-year population of the City for 1962 is 70,800 an increase of 190 on the figure for 1961.

## BIRTHS

### Live Births

The total number of live births credited to the City rose by 71 to a total of 1359. Of these 75 were born to Scotswomen having their confinements in City Hospitals. Although Scottish births and deaths cannot be transferred out it has become customary to show the effect such transfers would have on the City's vital statistics and this practice is being continued so that trends may be clearly seen at any future date. The crude live birth rate was 19.19 per 1000 of population but if Scottish births had been excluded it would have been only 18.14 per 1000. When the birth rate is adjusted by application of the area comparability factor (0.95) a rate of 18.23 is obtained.

### Illegitimate Live Births

There were 56 illegitimate live births in the City; an increase of 2 over the 1961 figure. The percentage of illegitimacy among the live births was 4.12 (3.97 if Scottish births excluded) compared with a figure of 4.19 in 1961. This slight fall in the percentage leaves no ground for complacency about the great social problem here involved.

### Still Births

The number of still births fell by 17 from 45 in 1961 to 28 in 1962; the still birth rate in the year under review being 20.19 (19.10 if Scottish births and still births excluded) compared with 33.76 (30.50) in 1961. This reduction so far as it goes is satisfactory particularly when also associated with a decline in Infantile Mortality but it would be unwise to permit of any complacency especially when the rates are based on relatively small numbers as is inevitable in a City the size of Carlisle.

## DEATHS

The total number of deaths charged to the City was 898; 51 less than in 1961. The crude death rate was 12.68 per 1000 population. 41 of the persons who died were Scots and had these deaths been transferred out the crude death rate would have been 12.10 per 1000. Adjustment by application of the area comparability factor (1.12) gives a death rate of 14.20.

Table 1 shows the cause of death and the age at death of the 898 persons. It will be noted that the largest number of deaths recorded, 187 (20.8%) resulted from Coronary

Disease while 136 (15%) were due to vascular lesions of the nervous system and 127 (14%) to other forms of heart disease. Very few of these deaths took place in persons under 45 years of age and the majority took place in persons aged 65 and over. As the population ages and infectious disease is controlled, degenerative disease of the cardio-vascular system figures more prominently as a cause of death. The loss of life from coronary disease is however serious and only when research has shown the way can a rational programme of preventive measures be instituted. It is gratifying to note that tuberculosis, which formerly killed many children and young adults is now a relatively insignificant cause of death.

TABLE 1

CAUSE OF DEATH	Deaths within subjoined Age Groups credited to the City as a result of Conditions shown										Total deaths whether of 'Resident' or Non-residen. in Institutions in the City.
	All Ages	Und. Year	1 & Und. 5	5 & Und. 15	15 & Und. 25	25 & Und. 45	45 & Und. 65	65 & Und. 75	75 & up-wards	11	
1	2	3	4	5	6	7	8	9	10		
II Causes:											
Certified	818	27	5	4	3	24	176	235	344	698	
Uncertified	80	2	2	1	—	5	25	28	17	28	
tuberculosis											
Respiratory	3	—	—	—	—	—	—	—	3	2	
tuberculosis other	—	—	—	—	—	—	—	—	—	—	
syphilitic disease	—	—	—	—	—	—	—	—	—	—	
aphtharia	—	—	—	—	—	—	—	—	—	—	
hooping Cough	—	—	—	—	—	—	—	—	—	—	
Gonococcal											
Infections	1	—	1	—	—	—	—	—	—	2	
acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	
easles	—	—	—	—	—	—	—	—	—	—	
other infective &											
Parasitic diseases	1	—	—	—	—	—	—	1	—	1	
alignant neoplasm											
Stomach	22	—	—	—	—	—	4	9	9	16	
Lungs & Bronchus	38	—	—	—	—	1	25	10	2	25	
Breast	6	—	—	—	—	—	3	2	1	6	
Uterus	9	—	—	—	—	1	4	2	2	6	
her malignant & lymphatic Neo-											
masms	58	—	—	—	—	4	15	22	17	77	
leukaemia,											
A leukaemia	7	—	1	1	2	—	1	2	—	9	
abetes	7	—	—	—	—	—	1	4	2	11	
scular lesions of nervous system	136	—	—	1	—	—	27	41	67	84	
coronary disease.											
angina	187	—	—	—	—	6	63	63	55	89	
pertension with heart disease	15	—	—	—	—	—	2	6	7	8	
her heart disease	127	—	—	—	—	3	9	35	80	96	
her Circulatory disease	41	—	—	—	—	1	4	10	26	35	
Inuenza	4	—	—	—	—	1	1	2	—	2	
neumonia	30	5	1	—	—	1	2	8	13	36	
ronchitis	42	—	—	—	—	—	8	14	20	25	
her diseases of respiratory system	6	—	—	—	—	—	3	2	1	3	
cer of the stomach and											
Duodenum	15	—	—	—	—	—	5	6	4	13	
astritis Enteritis and Diarrhoea	10	1	3	1	—	1	—	—	4	10	
ephritis and Nephrosis	3	—	—	1	—	—	—	2	—	7	
yperplasia of prostate	7	—	—	—	—	—	—	1	6	5	
regnancy, child-birth, abortion										2	
nginal malformations	13	9	—	1	—	1	—	1	1	17	
her defined and undefined diseases	61	14	—	—	—	2	10	13	22	83	
or vehicle accidents	15	—	—	—	—	4	6	3	2	20	
icide	14	—	—	—	—	2	8	3	1	5	
micide & operations of war											
other accidents	20	—	1	—	1	1	—	1	16	31	
TOTALS	898	29	7	5	3	29	201	263	361	726	

TABLE 2.  
Table showing number of infant deaths by primary cause and age and by month of death in Carlisle  
during 1962.

Cause of Death	AGE	MONTH												Total Deaths Under One Year
		January	February	March	April	May	June	July	August	September	October	November	December	
All causes:		17	—	—	—	—	—	—	—	—	—	—	—	27
Certified		1	—	—	—	—	—	—	—	—	—	—	—	2
Uncertified		—	—	—	—	—	—	—	—	—	—	—	—	—
*Congenital Malformations		5	—	—	1	6	1	1	—	2	1	—	—	9
Prematurity		5	—	—	1	5	—	—	—	1	1	—	—	5
Pneumonia		—	—	1	1	3	1	—	—	—	—	1	—	5
Intracrania!		—	—	—	—	—	—	—	—	—	—	—	—	—
Bran Injury		5	—	—	—	5	—	—	—	2	1	—	—	5
Gastro Enteritis		—	—	—	—	—	—	—	—	—	2	—	—	1
Hypothermia		—	—	—	—	—	—	—	—	—	—	1	—	2
Volvulus		—	—	—	—	—	—	—	—	—	—	1	—	1
*Atelotaxis		—	—	—	—	—	—	—	—	4	2	1	—	1
TOTALS		—	—	—	—	—	—	—	—	21	1	1	2	20
		17	1	1	2	21	4	2	1	10	3	3	2	—

\*Includes 1 Scottish

## **Maternal Mortality**

No maternal death occurred during the year.

## **Infantile Mortality**

During the year 29 infants under one year of age died giving an Infantile Mortality Rate of 21.34 (21.03 if Scottish births and infant deaths are excluded). The rate for England and Wales was 21.4. This is slightly more favourable than the situation in 1961 when there were 31 infant deaths and an Infantile Mortality Rate of 24.07 Table 2 sets forth the causes of death and ages at which death took place and it will be noted once again that congenital malformations headed the list of causes, followed by prematurity, pneumonia and birth injury.

As in previous years the majority of deaths took place within the first month of life, giving a Neonatal Death Rate of 15.45 (15.58) per 1000 live births and in this group deaths were mainly concentrated in the first week of life giving an Early Neonatal Death Rate of 12.51 (12.46).

The Perinatal Mortality Rate which includes still births and early neonatal deaths is a more informative figure and in the year under review amounted to 32.44 (31.32) per 1000 total live and still births. This figure is a substantial improvement on the figure for 1961 which was 51.01 (46.55) but as I have already indicated in an area with a total of 1387 live and still births a few more (or less) still births and deaths can make a substantial difference to the rate. This drop in the rate, while encouraging, must only be regarded as an incentive to press forward the quality and quantity of ante-natal care and other means which may be conducive to the saving of infant lives.

Good co-operation exists between the Council's staff and the local family doctors and hospital staffs and this is reinforced by regular meetings of the East Cumberland Maternity Liaison Committee.

## **Deaths due to Cancer**

There has been a slight decrease in deaths due to cancer as can be seen from Table 3 which shows the number of deaths (excluding leukaemia) which took place each year from 1953 to 1962. Once again I must point out the high proportion of these deaths due to disease of the lungs and bronchus. The number rose from 32 in 1961 to 38 in 1962 and still the public continue to smoke cigarettes which have been proved, to the satisfaction of all reasonably minded persons, to be a very important factor in the causation of this disease. People still offer cigarettes as a token of

friendship and it would be very helpful in the prevention of cancer of the lung if this practice could be made socially unacceptable.

TABLE 3

1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
124	141	121	132	146	138	146	163	145	133

### INQUESTS

The City Coroner held 73 inquests during the year. Of this number 40 related to deaths of persons living within the City, 2 to persons of no fixed abode and 31 to persons who resided in other districts but died in Carlisle.

### UNCERTIFIED DEATHS

98 deaths were registered in which no certificate was given by a medical practitioner and in which no inquest was held. 75 of these were in respect of City residents.

The number of such deaths which occurred in 1961 was 69.

### MORTUARY

During the year 47 bodies were removed to the public mortuary and post-mortem examinations were made in 40 instances.

**SECTION II.**  
**SANITARY CIRCUMSTANCES**  
**AND**  
**HEALTH SERVICES**

## **SANITARY CIRCUMSTANCES**

The sanitary circumstances of the City were generally satisfactory. The usual surveillance of the district in regard to nuisances, defective housing and food hygiene was carried out and details are given in the report of the Chief Public Health Inspector which is set forth in Section VII of this report.

I am indebted to the City Engineer and Surveyor for the report on Sewerage, Sewage Disposal and Swimming Baths.

### **Sewerage and Sewage Disposal**

Attention is still being given to the main drainage system of the City, consequent upon recent and proposed building development.

Stanwix Trunk Sewer has been completed and work has commenced on the Kingstown Sewer which when completed will permit, in addition to certain housing development, the development of Kingstown Trading Estate.

The Blackwell Relief Sewer, referred to in my notes of last year, has now been completed and is in operation.

The scheme for the relief of the Belle Vue area has been designed and approved by the Ministry of Housing and Local Government and work should be well in hand on the construction of this sewer before the end of 1963.

Considerable progress has been made on Stage II. of the Reconstruction of Willow Holme Sewage Disposal Works and before the end of 1963 all work necessary to give full treatment to the liquid side of sewage disposal will be completed. It still remains for the third stage to be dealt with, i.e. the treatment of sludge removed from the new storm-water and sedimentation tanks. Preliminary investigations are already in progress and it is hoped that by the end of next year a scheme for this side of the works will have received Ministry approval.

Further smaller sewers have been laid during the year in connection with both private and Council housing development.

Regular maintenance and cleaning of sewers has continued throughout the year and certain smaller works have been carried out to relieve flooding in certain areas of the City.

## **Swimming Baths**

The Carlisle Swimming baths were built in 1884 and the accommodation for swimming is substantially as it was when the premises were built. The accommodation consists of two pools, one pool 75' long and 30' wide and the other 60' x 30'. The pools contain 110,000 gallons of water, 5'-6" being the maximum depth in both pools.

Filtration of the pools water is carried out by four 8' diameter vertical type filters having a maximum filtering capacity of 33,668 gallons per hour, which allows the contents of the pools to be filtered every 3½ hours. Alumina Sulphate and Sodium Carbonate is used for this purpose.

Sterilisation is by the marginal system of chlorination, with Chlorine as the agent, using a chlorinator of  $\frac{1}{2}$ lb. capacity per hour.

The water content of the pools is changed once each year, when fresh water from the Carlisle Corporation Water Undertaking is used to fill. The filters are back-washed once each week using water from the pools, fresh water is taken from the mains to make up this deficiency.

The samples of water taken for bacteriological examination have proved satisfactory.

## **Water Supply**

I am obliged to the Water Engineer and Manager for his report on the City's water supply.

The rainfall recorded in Geltsdale for the year ending 31st March, 1963, was 38.85 inches as against 47.35 inches in the previous year. There was one period of absolute drought during the year and the rainfall was 92% of the long term average. The heaviest rainfall was 1.79 inches on 10th August, 1962.

The storage at Castle Carrock reservoir was maintained at a satisfactory level throughout the year but did fall to 82 million gallons in the winter months and it was necessary to take water from the River Eden to augment the supply during this winter drought.

During the year 342 samples were taken for bacteriological examination from the various sources used for the City supply and the rural district supplies. I include below a table showing the results of these examinations.

Source of Sample	No. of Samples Taken	Satisfactory	Suspicious	Unsatisfactory	Percentage of Samples Satisfactory
Cumwhinton Storage	50	50	—	—	100
", T.W.	50	50	—	—	100
Castle Carrock Raw	1	—	—	1	—
", Final	49	47	1	1	96
Crew Fell Raw	12	1	—	11	8.3
", Final	16	8	—	8	50
Cowran Cut	16	9	4	3	56.2
Cumwhitton	17	9	3	5	52.9
Brampton	18	15	1	2	83.5
Banks	16	9	2	5	56.2
Longtown	16	10	2	4	62.5
Hethersgill	17	13	—	4	76.5
High Brownelson	1	1	—	—	100
Walton	16	9	3	4	56.2
Low Row	16	7	3	6	43.7
Hallbankgate	16	8	—	8	50
Roughton Gill	17	16	—	1	94.25

The quality of the water passing through Cumwhinton and Castle Carrock is generally excellent. The samples taken in the rural areas do not, with the exception of Roughton Gill, show the same reliability in quality. The installations at the Treatment Works at Crew Fell have been replaced recently and it is hoped that there will be a considerable improvement in the quality of the water from this source in the future. The Geltsdale source augmented by the River Eden, the Roughton Gill source and the Crew Fell source will ultimately be the only sources of supply feeding the Carlisle Water Area. The other sources listed will be abandoned when the new major capital works scheme for providing Geltsdale water to the north and eastern part of the area is introduced.

The River Eden scheme is now fully operational and the High Brownelson Reservoir was brought into service in October, thus improving the supply of water to the south and west of the City. A scheme is being prepared for the improvement of the water supply to the north of the River Eden by the laying of a trunk main from Victoria Place to Scotland Road, the first stage of which will take this main as far as Brampton Road, crossing the River Eden.

The table below shows the quantities of water consumed per day in the City area and in the rural area, together with the relative consumptions for domestic and trade use in these two areas.

## Water Consumption 1962-63

Water distributed from Cumwhinton Reservoir ... ... ...	3.737 million gallons per day
Water distributed to Rural Area ...	1.150 million gallons per day
Consumption per head per day through Cumwhinton ... ...	Domestic 17.76 gallons
Consumption per head per day through Cumwhinton ... ...	Trade 28.95 gallons
Consumption per head per day in Rural Area ... ... ...	Domestic 19.05 gallons
Consumption per head per day in Rural Area ... ... ...	Trade 38.45 gallons

During the year 1962 improvements have been made in the City supply by the completion of the River Eden scheme. The rural areas have been dealt with where possible by cross connections to more satisfactory supplies but the major part of the north and eastern part of the area will have to wait until the major capital works scheme has been completed before any improvement can be expected in these supplies. One major improvement in supply in the southern part of the rural area has been the connection of the 8in. main from Cumwhinton to the Golden Fleece which has brought a considerable part of this area on to Geltsdale water and villages such as Cumwhinton and Wetheral now enjoy a water supply of a quality and at a pressure not experienced for many years.

The whole population of the City is supplied from public mains direct to the houses and the number of houses served is 23,540.

## REFUSE COLLECTION AND DISPOSAL

The following is the report of the Director of Public Cleansing on the work of his section of the Health Department during the current year.

### Refuse Collection

The scheme for the provision and maintenance of dustbins was continued during the year. The first dustbins were delivered in August, 1959, and it was planned to complete delivery to all domestic properties in the City within three years. Actually, the general delivery was completed in May this year. 4,087 bins were delivered during the period January to May and these, together with the 18,255 previously delivered, completed a total of 22,342 for the general supply throughout the City. Following the completion of general delivery, arrangements were made for the supply of dustbins to newly-occupied houses on a once-weekly basis, and under this arrangement a further 222 bins were supplied between June and December.

In the three and a half years of the scheme's existence only 16 dustbins were renewed, 10 of which were supplied during the current year. In general, the renewals were caused by accidental damage or complete loss (presumed stolen) and in no instance was renewal due to misuse by the householder. Considering the total number of bins in use the low rate of renewal may be felt to be most satisfactory.

The normal frequency of collection, four times weekly from the shopping area and twice weekly from domestic premises, was continued throughout the year. Salvage collections were made from all premises each Wednesday.

Following the policy of introducing the more modern rear-loading type of refuse collection vehicle as substitution becomes due, 3 further vehicles of this type were put into operation, two during the month of February and one in October. At the end of the year the fleet consisted of 17 vehicles and comprised :—6 Karrier rear loaders, 5 Karrier side loaders, 4 S. & D. side loaders, 1 S. & D. freighter side loader, and 1 Karrier salvage lorry.

Statistics relating to the quantity of house and shop refuse collected are as follows :—

Number of loads	Estimated weight
17,804	26,610 tons

### **Refuse Disposal. Controlled Tipping**

Refuse was disposed of by fully controlled tipping and although there was some little difficulty during a short period in the summer when ashes for covering purposes were not obtainable from the Electricity Works the standard of control in general was comparable to that maintained during past years.

Work continued on the playing field improvement scheme in the grounds of Austin Friars School. This site being in continuous occupation and totally enclosed caused no trouble from disturbance by schoolchildren and older persons which occurs frequently on sites where total enclosure is almost impossible.

Tipping operations continued throughout the year until November at the Blackwell claypit site when the lifting of this area of land had been completed and a start was made on the final layer of tipping on the land at the rear of York Place, Upperby. After consultation with the Education Department and the Surveyor's Department this latter scheme was undertaken to provide a large continuous play-

ing field area which would blend with the surrounding contours and provide a more useful playing area for the district.

During the course of the year the Health Committee considered preliminary reports on the future position regarding refuse disposal. Although land at Botcherby brick-works site has been acquired it has a very limited life and possible tipping sites outside the City boundary are being investigated.

### Refuse Disposal. Destructor Works

The small two-cell destructor works was in operation six days weekly throughout the year for the burning of animal matter and combustible refuse. The capacity of this plant was severely taxed during the latter half of the year due to the heavy incidence of swine fever when over 140 pigs were destroyed, over a hundred carcases being received in one period of six weeks. When future plans for refuse disposal are further considered it may be desirable to consider the modernisation of this plant and the part it should play in the efficient disposal of the City's refuse.

The following statistics indicate the amount of refuse disposed of at the destructor works :—

Vegetable and miscellaneous	...	655	tons
Fish offal	...	22	tons
Eggs and chickens	...	515	bins
Animal carcases	...	1,486	.

### Salvage Disposal

Throughout the year salvage activities followed the usual pattern in that materials were extracted from the refuse or separately collected and, after preparation, were sold for re-use in industry. However, the extent of this work varied according to the demand for these materials which, of course, affects the price offered and ultimately the economic justification or otherwise of the work being carried out. In general demand and prices tended to fall and this was particularly so in respect of wastepaper. However, towards the end of the year there were signs of increased demand in almost every direction and it is hoped that the market is once again taking an upward trend.

The following statistics record the amount and nature of salvage recovered and sold during the year :—

		Tons	Cwts.	Qrs.
Waste Paper	...	1,048	15	3
Iron and baled tins	...	47	2	2
Other metals	...		12	2
Textiles	...	3	17	3
Cullet (broken glass)	...	3	16	0
Bottles	...	3	3	0

## **HEALTH SERVICES**

### **Laboratory Service**

Once again we are indebted to the Hospital Laboratory under Dr. J. S. Faulds and the Public Health Laboratory Director, Dr. D. G. Davies. Both are accommodated in the same building at the Cumberland Infirmary. All members of their staffs have been most co-operative, not only in the laboratory investigation of infectious disease and other routine examinations but in research projects.

### **Public Analyst**

J. G. Sherratt, Esq., B.Sc., F.R.I.C., of Warrington, acted as City Analyst. Details of the work he undertook are included in the Chief Public Health Inspector's Report.

### **Registration of Nursing Homes**

At the end of the year there was one registered Nursing Home in the City, being Durranhill House which is registered as a Mental Nursing Home.

### **Carlisle Crematorium**

Your Medical Officer of Health and the two Assistants continued to act as Referee and Deputy Referees to the Municipal Crematorium.

**SECTION III.**

**OCCURRENCE AND CONTROL OF**

**INFECTIOUS DISEASES**



# OCCURRENCE AND CONTROL OF INFECTIOUS DISEASE

The number of cases of infectious disease notified fell from 1489 in 1961 to 515. Measles accounted for the large number of notifications, 1259, during the previous year and the incidence of this disease fell to 310 cases in 1962 as was to be expected in a year following an epidemic. Dysentery unfortunately rose from 32 cases in 1961 to 107 but this was to some extent offset by a fall in the incidence of food poisoning from 81 cases in 1961 to 28 in 1962.

Details of the occurrence of notifiable infectious diseases are given in table 4 and it is gratifying to note that no case of Diphtheria, Poliomyelitis, Encephalitis, Ophthalmia Neonatorum, Smallpox, Typhoid Fever, Paratyphoid Fever or Malaria occurred in the City.

TABLE 4

DISEASES		Total number of cases notified	Number of cases incorrectly notified	Net number of cases notified	Number of cases notified at various ages						Number of notified cases removed to hospital	
					Under 1 year	1-4 years	5-14 years	15-24 years	25-44 years	45-64 years		
Measles ..	26	—	—	26	1	13	10	2	—	—	—	
hooping Cough ..	8	—	—	8	—	5	3	—	—	—	—	
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	
Measles ..	310	—	—	310	13	139	156	1	1	2	—	
Malaria ..	3	—	—	3	—	—	—	—	—	2	—	
Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	
Paralytic ..	—	—	—	—	—	—	—	—	—	—	—	
Non-Paralytic ..	—	—	—	—	—	—	—	—	—	—	—	
Encephalitis ..	—	—	—	—	—	—	—	—	—	—	—	
Dysentery ..	107	—	—	107	2	21	40	15	19	6	4	
Ophthalmia Neonatorum ..	—	—	—	—	—	—	—	—	2	—	8	
Supp. Pyrexia ..	2	—	—	2	—	—	—	—	—	—	—	
Smallpox ..	—	—	—	—	—	—	—	—	—	—	—	
Typhoid Fever ..	—	—	—	—	—	—	—	—	—	—	—	
Gastric or Typhoid Fever ..	—	—	—	—	—	—	—	—	—	—	—	
Malaria ..	1	—	—	1	—	—	—	—	—	—	—	
Malaria (contracted abroad) ..	—	—	—	—	—	—	—	—	—	—	—	
Tuberculosis Respiratory ..	31	2	—	29	—	1	3	11	10	4	—	
Meninges ..	—	—	—	—	—	—	—	—	—	—	—	
Other ..	—	—	—	—	—	—	—	—	—	—	—	
Food Poisoning ..	28	—	—	28	1	1	—	2	6	12	7	
Erysipelas ..	—	—	—	—	—	—	—	—	—	—	—	
Malaria ..	—	—	—	—	—	—	—	—	—	—	—	
Dysentery ..	1	—	—	1	—	—	—	—	—	—	—	
<b>TOTALS ..</b>	<b>517</b>	<b>2</b>	<b>515</b>		<b>16</b>	<b>179</b>	<b>211</b>	<b>23</b>	<b>39</b>	<b>31</b>	<b>16</b>	<b>10</b>

## **Scarlet Fever**

Twenty-six cases of Scarlet Fever were notified; no patient was removed to hospital; all recovered.

## **Whooping Cough**

Only 8 cases of whooping cough were notified and there were no deaths.

## **Measles**

310 notifications of this disease were received compared with 1,259 last year. Measles can still be a serious disease and although antibiotics are available to treat and even prevent some complications an effective vaccine which would immunise children against this malady would be a great boon. Research workers may soon produce such a vaccine. Meantime, the department is, with the aid of local medical practitioners assisting the Medical Research Council in the conduct of an investigation into the complications of this disease.

## **Pneumonia**

Three notifications of this disease were received during the year.

## **Influenza**

The City was free of this malady in epidemic form throughout the year. Four deaths were attributed to this disease.

## **Dysentery**

There were 107 cases of Sonne Dysentery reported during the year. Of these 20 cases were connected with an outbreak at Robert Ferguson School. Three teachers, two canteen staff and four pupils, together with eleven family contacts were involved.

Fifteen cases were notified in the Children's Homes, three cases in the family group Home at Meade Road and the remaining twelve at 16 Portland Square.

All other cases were evenly distributed throughout the City and no particular pattern in regard to time or place of occurrence could be recognised.

## **Puerperal Pyrexia**

Two notifications of this condition were received both in respect of City residents.

## **Food Poisoning**

Twenty-eight notifications were received during the year. Half of these were in respect of the staff of a City Hotel. The only meal partaken by all was lunch. Unfortunately no articles of food were available for bacteriological examination. Specimens of stool were obtained from all affected members of the staff but in no case was any pathogen recovered. No guests were involved.

Among the remaining cases the cause of one individual case was not determined. *Salmonella typhi-murium* accounted for one individual case and two family outbreaks, involving five persons; *Salmonella infantis* was responsible for one individual case and an outbreak of three cases while *Salmonella bredeney* caused an outbreak of three cases.

## **VENEREAL DISEASES**

I am indebted to Dr. H. J. Bell, Consultant Venereologist for the following report :—

It is difficult to report on the Venereal Disease in this City because the overall picture remains so soberly unvaried from year to year. Last year, there was evidence of a resurgence of syphilis in Dumfries, and in Workington there occurred a sudden and quite serious outbreak of gonorrhoea among young people: but Carlisle continued to throw up the same modest statistical return. The following Table illustrates the continuing low incidence of both gonorrhoea and non-specific urethritis :—

Year	1958	1959	1960	1961	1962
Non-Gonococcal Urethritis	...	11	12	11	8
Gonorrhoea (Males)	...	12	10	13	9
Gonorrhoea (Females)	...	3	2	7	4

There were no examples of early syphilis or of congenital syphilis from the City. As I have pointed out before, the figures given above do not represent the true incidence of V.D. because an unknown number of patients are looked after by the family doctor—so by-passing the Special Treatment Clinic.

The alarming rise of recent years in the numbers of patients attending Clinics elsewhere in England and Wales showed some signs of improvement in 1962. The comparison between these figures and the unchanging situation in Carlisle prompted the adviser in V.D. to the Ministry of Health to write and enquire if any explanation for the contrast could be suggested.

Recent analysis of gonorrhoea cases treated in the Clinics in London and the bigger cities has revealed that the majority of male patients are not natives of this country. Foreigners have been responsible for the increase in gonorrhoea in men. For example, in 1961 West Indians accounted for nearly one third of all male gonorrhoea cases treated in this country. Carlisle has not experienced any significant invasion by foreign workers. At the local Clinic the doctor sees a handful of Irish Labourers, and an occasional Chinese or Hindustani, but these people produce no significant influence on the annual statistics. Another phenomenon reported from the larger cities is the increasing incidence of gonococcal infection in females of the 19 age group, but nothing of this kind has shown up in Carlisle.

The epidemiology of the Venereal Diseases, therefore, discloses a very satisfactory picture in this City.

### **NOTIFICATION FEES**

The total amount paid in fees to medical practitioners for the notification of all notifiable diseases during the financial year 1962/63 was £159 8s. 0d.

## **SECTION IV.**

# **TUBERCULOSIS AND OTHER CHEST CONDITIONS AND MASS RADIOGRAPHY**



# **TUBERCULOSIS AND OTHER CHEST CONDITIONS AND MASS RADIOGRAPHY**

## **Introduction**

The trends noted in last year's report have continued.

The number of new cases of pulmonary tuberculosis discovered throughout the whole of the East Cumberland Hospital Management Committee area was 52. Unfortunately, of the 52 cases of tuberculosis for the year, a large proportion had extensive disease with a positive sputum when first seen; many had never had a previous x-ray examination—most disappointing considering we have been operating a mass radiography service in the area since 1951.

On the 1st January 1962 the total number of cases of tuberculosis on the active register had dropped to 1,283, and on the 31st December 1962 this figure had further fallen to 928.

The number of new cases of pulmonary neoplasm remains at a steady high level; there were 60 new cases last year compared to 64 for 1961. Here again the vast majority of these cases have never had a previous x-ray examination and as a result all except two were found to be unfit for surgery.

Unless individuals, and particularly those over the age of 40, get into the habit of having an annual x-ray examination, this unsatisfactory state of affairs is bound to continue. Of the 60 new cases of cancer discovered more than half came from the City of Carlisle and the immediately surrounding area, so that frankly there is no excuse for patients presenting themselves with extensive disease and saying that they have never had an x-ray examination before. The Hospital Board have provided the facilities but these are still not being adequately used.

We now have two mass radiography units in the area, one of which is permanently based at the Mass Radiography base at Warwick Road, Carlisle. Not only are numerous surveys carried out in factories and other establishments but we do endeavour now to carry out street by street surveys for a period each year in black spots in the whole area.

### Notifications

Table 5 shows the number of notifications throughout England and Wales for 1962 and the preceding five years:—

TABLE 5

Year	Pulmonary	Non-pulmonary
1957	29,310	3,807
1958	26,595	3,503
1959	21,063	3,855
1960	21,129	2,861
1961	19,187	2,728
1962	17,973	2,685

Table C shows the number of primary notifications of tuberculosis by age, sex and type received by the Medical Officer of Health during the year.

TABLE 6

## Number of Primary Notifications of New Cases of Tuberculosis.

Age Periods	0-1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 & upwards	Total (all ages)
PULMONARY—												
Males	—	—	—	—	1	—	—	3	—	4	—	3
Females	—	—	—	—	—	—	—	2	—	—	—	20
NON-PULMONARY—												
Males	—	—	—	—	—	—	—	—	—	—	—	—
Females	—	—	—	—	—	—	—	—	—	—	—	—

## Tuberculosis

Table 7 shows the number of notifications in the three local authority areas of the East Cumberland area for the past 10 years :—

TABLE 7

Year	Carlisle City		Cumberland Eastern Div.		North Westmorland		Totals.					
	Pulm.	Non-Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.				
1953	67	...	13	63	...	18	8	...	6	138	...	37
1954	90	...	10	66	...	19	6	...	5	162	...	34
1955	71	...	7	56	...	20	9	...	4	136	...	31
1956	65	...	8	54	...	10	8	...	2	127	...	20
1957	68	...	8	54	...	12	3	...	1	125	...	21
1958	66	...	17	47	...	15	4	...	1	117	...	33
1959	59	...	8	50	...	11	7	...	2	116	...	21
1960	46	...	12	19	...	6	7	...	2	72	...	20
1961	28	...	9	28	...	8	2	...	1	58	...	18
1962	26	...	—	23	...	2	3	...	1	52	...	3

Table 8 gives the number of pulmonary and non-pulmonary cases on the Clinic register at the end of 1962, for the three local authority areas in the East Cumberland Hospital Management Committee area.

TABLE 8

Carlisle City		East Cumberland		N. Westmorland		Totals					
Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.				
410	...	41	369	...	53	41	...	14	820	..	108

There has been little change in the programme of therapy in tuberculosis. Streptomycin retains its value as the most effective drug, but Isoniazid comes a close second and is relatively cheap. Some of the other drugs are much more expensive, but fortunately these expensive second-line drugs are only needed in a few cases as most patients can be made non-infectious with a combination of Streptomycin, Isoniazid, and Paramisan. Fortunately too, in this area, there is no evidence of any increase in the incidence of organisms resistant to the three main drugs. In all new cases, organisms, are, if possible, isolated and their sensitivity tested. The four chronic cases which were noted in the 1961 report as being resistant to the drugs are still alive, but no cases of primary resistance to even one of the three main drugs was noted during 1962. This is most satisfactory. In

Britain in 1961 there was, throughout the country, an overall 5% to 6% of primary resistance to one at least of the three main drugs. In 1955, the percentage of primary resistance throughout the country to the three main drugs was respectively Streptomycin 2.3% Paramison 2.2% and Isoniazid 0.7%. As long, however, as we have even four patients who are resistant to these drugs there is a recognition for new drugs in the treatment of the disease.

It is essential to know the drug susceptibility of the patient's organisms when mapping out the programme of therapy in newly diagnosed patients ; although one has to wait for cultures before the results are available, treatment can be initiated with these drugs in combination, and in combining these there is little risk of acquiring resistance. The problem of resistance is a strong argument against inadequate therapy, and in such countries where many cases of active disease are treated with Isoniazid alone there is a great risk of further epidemiological and clinical problems.

Although surgery is being used less and less for tuberculosis there still remains the odd case who will require surgery. There is no doubt that combined drug therapy is most effective in the vast majority of cases but a good end result is often quicker attained by combining the drug therapy with resection in cases where persistent cavitation remains.

No new case of tubercle was discovered in immigrants during 1962, so that one hopes that our experience in 1961 when we discovered six such cases, was an isolated one.

Contact work has continued and Table 9 shows the number of new contacts examined during the year, and of these the number vaccinated with B.C.G. vaccine.

TABLE 9

Year	No. of New Contacts Seen			No. Diagnosed as Tuberculous			No. Vaccinated with B.C.G. Vaccine			No. of hospital Staff, additional to Col. 1, and vaccinated wth B.C.G. Vaccine
	Carlisle City	East Cumbld.	North Westld.	Carlisle City	East Cumbld.	North Westld.	Carlisle City	East Cumbld.	North Westld.	
1956	1180	...	180	4	...	4	—	102	...	6
1957	1522	...	112	9	...	5	—	161	...	9
1958	1277	...	986	187	11	...	3	—	185	...
1959	1474	...	1152	...	103	4	...	—	168	...
1960	1115	...	906	...	166	6	...	3	150	...
1961	942	...	898	...	118	2	...	—	155	...
1962	1414	...	959	...	134	1	...	—	130	...

Routine examinations of old contacts continue to be largely carried out through the mass radiography units as this relieves the chest centre of considerable extra work.

There is no doubt as to the value of B.C.G. vaccination. I feel it is essential to be sure that protection has been given by carrying out a post-vaccination Mantoux test. The presence of a negative Mantoux test requires re-vaccination. Statistics show that cases of pulmonary tuberculosis developing in vaccinated subjects are invariably in those where the Mantoux test has not been converted.

### Cancer of the Lung

Table 10 shows the number of new cases of cancer of the lung seen at the chest centre during the previous eight years:—

TABLE 10

Year	City of Carlisle	Cumberland East. Div.	North Westmorland	Total
1955	8	12	1	21
1956	16	11	2	29
1957	23	11	3	37
1958	27	27	5	59
1959	26	31	2	59
1960	31	20	3	54
1961	28	30	6	64
1962	30	29	1	60

In 1960, 24,800 people in the United Kingdom died from lung cancer, 29,000 from bronchitis, and 104,500 from coronary arterial diseases, and of those who died many were men not more than middle-aged.

Cancer chemotherapy remains inadequate. The object of any therapy is to destroy the cancer cells without causing irreparable damage to normal tissues. The difficulty is that the differences so far discovered, between tumour cells and normal cells are small and are usually of degree only. In addition, there are many types of tumour and it is unlikely that all tumours will have a common biochemical abnormality which can be exploited by a single chemical agent.

Because of the small biochemical differences between tumour and normal cells, drugs must be administered closest to the largest dose which can be tolerated. The use of drugs has been well proved in cases of cancer of the breast and of the prostate, they are valuable in some of the leukaemias, but, so far, in lung cancer they have been disappointing. Drugs can be used in combination with surgery, or with radiotherapy.

As far as surgery is concerned, lobectomy is preferred to pneumonectomy, and there is no doubt that some cases do well and survive five to ten year periods. Although the number of cases sent for surgery is relatively small one has the impression that upper lobe tumours do better than those situated elsewhere. Unfortunately, many cases when first seen also have pleural effusions and these are an absolute contra-indication to surgery.

The reports on Mega-voltage x-ray therapy in cases of cancer are disappointing, and there is probably little advantage in using this over the usual 240 kilo-voltage therapy. The chief value of both is in the relief of pain and the cessation of bleeding.

### Bronchitis

The crude death rate in England and Wales is roughly 58 per 100,000, and this rate has tended to rise over the past 12 years, particularly in men over the age of 45. When the actual morbidity resulting from the disease is considered in addition to the mortality, bronchitis undoubtedly constitutes one of the most serious pulmonary diseases. Many factors, some known and some unknown, have very considerable bearing on this disease, for example, cigarette smoking and air pollution. Every effort therefore should be made to reduce both these factors. Treatment of the disease in its early stages by adequate antibiotic cover can not only cut short the attacks but by adequate control and physiotherapy can diminish their frequency, and even be life-saving.

Many of the younger persons who suffer from bronchitis and also from asthma have very considerable postural defects; others after their initial attack, are quite unable to breath properly. Unless corrected these defects are likely to worsen and thus contribute greatly to further attacks of bronchitis or asthma; otherwise the maximum breathing capacity remains low, the lungs remain small, and alveolar hypo-ventilation results, the whole progressing finally to pulmonary hypertension and cor pulmonale.

### Sarcoidosis and Bronchiectasis

There are still comparatively large numbers of patients under treatment for both sarcoidosis and bronchiectasis. The number of new cases of the former disease remains at a fairly steady level, but there has been an undoubted drop in the new cases presenting with bronchiectasis.

## In-Patients

Table 11 shows the number of in-patients treated during 1962.

TABLE 11

Unit	No. of beds available.	No. of patients admitted in 1961	No. of patients admitted in 1962	No. of patients with tuberculosis admitted in 1962
*Ward 18 Cumberland Infirmary	13	212	201	15
Longtown Chest Unit	26	123	120	39
Blencathra Hospital	25	58	65	45

\* Ward 18 closed for two months early in 1962.

## MASS RADIOGRAPHY

(NOTE.—Figures given in brackets throughout the report relate to the corresponding figures for 1961).

Both the Static and Mobile Units were fully operational throughout the twelve months with the exception of a period of two weeks when both Units were fitted with 100 m.m. camera units. The Leyland van was also modified, the original darkroom being converted into office accommodation and a small dry darkroom being provided in the front end of the vehicle. All processing of films is now done centrally at the base at 1, Brunswick Street, Carlisle. Here, the Static Unit is now open for six sessions weekly, one session being in the evening. Since May, 1962, the Mobile Unit has been used as a static unit at Whitehaven every Friday, from 11-30 a.m. to 2-30 p.m.

## Groups Examined

In addition to carrying out surveys at works and factories, surveys of the general public were carried out on 40 occasions. 927 (1,113) contact cases were x-rayed, 498 from the East Cumberland area and 429 from West Cumberland.

## Results

41,534 (35,807) persons were examined by the Units during the year. Of these 1,058 were referred for clinical examination.

Table 12 shows the number of abnormalities revealed during 1962 throughout the whole of the Special Area.

TABLE 12

	No. of cases found	Percentage of total examined.
<b>ABNORMALITIES REVEALED</b>		
(1) Non-tuberculous conditions:		
(a) Bronchiectasis ... ...	41 (33)	.10 (.09)
(b) Pneumoconiosis ... ...	60 (46)	.14 (.13)
(c) Neoplasm ... ... ...	34 (29)	.08 (.08)
(d) Cardiovascular conditions	89 (168)	.21 (.47)
(e) Miscellaneous requiring investigation ... ...	15 (36)	.04 (.10)
(2) Pulmonary Tuberculosis:		
(a) Active ... ... ... ...	36 (31)	.09 (.09)
(b) Inactive requiring supervision ... ... ... ...	77 (31)	.19 (.09)
(c) Active (Previously known) ... ... ...	— (2)	— (.006)

Tables 13 and 14 give a detailed analysis of the work of the Units and both Mobile and Static, divided as between East and West Cumberland.

TABLE 13

Source of Examination	MOBILE UNIT			EAST CUMBERLAND			WEST CUMBERLAND			TOTALS	
	Doctors' cases	Contactt cases	School staff	Doctors' cases	Contactt cases	General public	Surveys	Doctors' cases	Contactt cases	Mentally defective patients	
Miniature Films	22	491	1695	200	12505	7782	22695	60	428	768	6816
Large Films	2	20	—	—	194	18	234	—	—	4	202
Clinical Examinations	—	13	11	—	248	131	404	1	16	8	3
Active Tuberculosis	—	—	1	—	8	4	13	—	—	—	—
Inactive Tuberculosis requiring supervision	—	—	—	—	—	4	2	6	13	6	—
Bronchiectasis	—	—	—	—	—	5	2	1	—	1	—
Neoplasms	—	—	—	—	—	4	1	5	—	7	2
Pneumoconiosis	—	—	—	—	—	1	1	2	11	3	5
Cardiac Conditions	—	—	—	—	—	1	42	11	54	1	13
											285
											6305
											14662
											—
											13
											342
											11

TABLE 14

STATIC UNITS	Source of Examination	CARLISLE			WHITEHAVEN			TOTALS			
		Doctors' cases	Contact cases	General public	Employees	Doctors' cases	Contact cases	General public	Employees		
Miniature Films	..	1837	7	1066	484	3394	325	1	8	443	
Large Films	..	43	—	5	1	49	—	—	—	6	783
Clinical Examinations	..	202	1	48	8	259	45	—	8	—	—
Active Tuberculosis	..	10	—	1	—	11	1	—	—	—	53
Inactive Tuberculosis requiring supervision	..	6	—	—	1	8	6	1	2	—	1
Bronchiectasis	..	12	—	3	—	15	1	—	—	—	2
Neoplasms	..	18	—	2	—	20	2	—	—	—	8
Pneumoconiosis	..	—	—	—	—	6	—	—	2	—	1
Cardiac Conditions	..	12	—	—	—	17	1	—	—	—	1

Table 15 gives the relative figures as between East and West Cumberland for the past eight years.

TABLE 15

Year	EAST CUMBERLAND		WEST CUMBERLAND		Pneumococcosis	
	Active Tuberculosis	Inactive Tuberculosis	Neoplasm	Cardiac Conditions	Bronchietasis	
1955	51	455	10	363	38	3
1956	46	338	8	360	37	2
1957	37	312	7	368	18	2
1958	40	153	10	321	27	2
1959	33	40*	13	241	14	1
1960	21	11*	19	120	18	1
1961	20	11*	24	144	13	1
1962	24	14*	25	71	22	2

\* requiring supervision.

TABLE 16

Year	No. of new cases	Number with positive sputum	Percentage of new cases positive sputum	No. of new cases referred by M.M.R.	Percentage of new cases referred by M.M.R.	Percentage of positive sputum cases found by M.M.R.
1955	139	42	30	43	31	21
1956	125	39	31	39	31	18
1957	125	42	34	33	26	29
1958	117	32	27	29	25	9
1959	116	31	27	28	24	6
1960	72	28	39	21	29	18
1961	58	20	34	20	34	20
1962	52	22	42	23	44	24

TABLE 17

	1955	1956	1957	1958	1959	1960	1961	1962
No. of cases of neoplasm seen at Chest Centre ...	21	29	38	59	59	54	64	60
No. discovered by M.M.R. ...	10	8	7	10	13	19	24	25

**Comments**

The brief statistics given show that Mass Radiography continues to play a vital role in the discovery of both pulmonary tuberculosis and cancer of the lung. Of the 41,534 persons examined by the Units throughout the year in the Special Area no less than 9,368 had never had a chest x-ray taken previously, and the pick-up rate in these new examinees was very much higher in both diseases than in those who had previously been examined.

	Active Tuberculosis	Neoplasm
Previously X-rayed	22	23
Not X-rayed before	14	11

The percentage pick-up rates in both active tuberculosis and neoplasms of the Units in both East and West Cumberland is shown below.

	Static Unit Carlisle	Static Unit Whitehaven	Mobile Unit E. Cumberland	Mobile Unit W. Cumberland
Active Tuberculosis	.32	.13	.06	.08
Neoplasm	.59	.26	.02	.05

These figures again show the *high* pick-up rates at the Carlisle Static Unit. The general practitioners in the Carlisle area are making full use of this service. The Mobile Unit being operated as a Static Unit in Whitehaven is still in the somewhat experimental stage but I feel that we should persevere with the service there too.

There is no question but that all adults should have an annual chest x-ray examination so that early diagnosis of tuberculosis and lung cancer can be made and such conditions treated. I make no apology for repeating this once again. The Mass Radiography service should be directed generally to those persons or group of persons who are specially at risk. As far as tuberculosis is concerned the

contacts of new cases are expeditiously and comparatively cheaply screened by the Mass Radiography Unit. As far as lung cancer is concerned it would seem advisable for all pneumoconiotics to have an annual examination. Our efforts should continue to be directed towards people who have so far not had an examination and in this connection the street by street surveys which are undertaken in two areas for a period each year are not only conducive to this end but also greatly help in persuading the older age groups to pass through the Unit.

### Acknowledgments

It is a pleasure to acknowledge once more the valuable help received in arranging these surveys from the Medical Officers of Health concerned in the area and from the Managements and Workers' Organisations in the factories visited.

It gives me great pleasure to acknowledge the great help and co-operation we have received from the general practitioners in the East Cumberland area. They have taken full advantage of the sessions of the Static Unit with considerable benefit to the patients concerned.

The interpretation of films and disposal of abnormalities is no easy task and would be impossible without the friendly co-operation of my colleagues on the hospital staff and to all I tender my sincere thanks.

I would also like to thank the numerous organisations who have in any way helped us, including the Police who continue to advise with regard to the traffic problems inherent in our surveys.

W. HUGH MORTON,  
Consultant Chest Physician.



## **SECTION V.**

**SERVICES PROVIDED UNDER PART III.  
OF THE  
NATIONAL HEALTH SERVICE ACT,  
1946, AND THE  
MENTAL HEALTH ACT, 1959**



# **SERVICES PROVIDED UNDER PART III. OF THE NATIONAL HEALTH SERVICE ACT, 1946, AND THE MENTAL HEALTH ACT, 1959**

These services, together with those provided under the National Assistance Act, 1948 (see Section VI.) and those provided by the Executive Council constitute the help which can be afforded in the domiciliary field as opposed to hospital treatment. There is no hard and fast line between the two. As the years pass and technical advances are made in hospital treatment with consequent rise in costs coupled with shortage of both staff and money, increased stress is being laid on the domiciliary services so that the hospitals may be relieved of cases not requiring specialised treatment. Desirable though this trend may be I do not consider that hospitals should be relieved of all custodial care unless and until adequate alternative provision has been made for those who may not need specialised treatment but who require considerable nursing care.

## **CARE OF MOTHERS AND YOUNG CHILDREN**

The care of mothers and young children continues to be a particular interest of the Local Authority.

The total births notified in accordance with Section 203 of the Public Health Act, 1936, rose by 98 to 2034. This figure included 753 born to parents normally resident outside the City. Of the 1281 City births there were 1256 live births and 25 still births and reference has already been made to these in Section I. of this report.

### **Ante-Natal Clinics**

The Council does not have a Medical Officer at the ante-natal clinic. All women having domiciliary confinements engage a General Practitioner Obstetrician who with the midwife is responsible for ante-natal care. The Council's clinic is now a midwives' clinic where patients meet all the Council's midwives, some of the Health Visitors and can receive health education and participate in classes for relaxation exercises.

During the year 323 mothers had domiciliary confinements and almost all attended the ante-natal clinic. The

number of patients seen at the clinic was 471 and of this number 370 attended for the first time. The total number of attendances made by expectant mothers was 1453. Women who had booked a hospital confinement attended the hospital ante-natal clinic.

### **Post-Natal Clinics**

Post-natal examinations were not conducted at the Council Clinic. All these examinations took place in the surgery of the General Practitioner Obstetrician or in the patient's home and when practitioners had difficulty in arranging for such examinations the District Health Visitor called and endeavoured to get the patient's co-operation.

A Family Planning Clinic was conducted weekly. This was arranged by the Family Planning Association and Clinic premises were provided free of charge by the City Council.

### **Provision of Maternity Outfits**

During the year 327 expectant mothers booked for domiciliary confinements were issued with maternity outfits. Additional dressings, when necessary, were provided by the midwives.

### **Care of Premature Babies**

Prematurity is one of the major causes of infantile deaths and special provision is necessary to enable some of these children to survive. During the year 83 such babies were born, 65 in hospital and 18 at home. Three of the latter infants had to be removed to the premature baby unit at the City Maternity Hospital. A special incubator is available for such ambulance journeys. It is the joint property of the Hospital, Cumberland County Council and the City Council.

The normal close liaison was maintained between the Council's staff, general practitioners and hospitals in the care of these infants.

There were 9 premature still births, all of which took place in hospital.

### **Child Welfare Clinics**

The Child Welfare Clinic is one of the best settings in which to conduct health education. In the City the policy of having peripheral clinics within pram pushing distance

from home has been in practice for a considerable number of years.

The following Child Welfare Clinics were held during the year:—

- (1) Eildon Lodge Clinics—Monday and Thursday afternoons—weekly.
- (2) Upperby Church Hall—Tuesday afternoons—weekly.
- (3) Harraby Church Hall—Tuesday afternoons—weekly.
- (4) Wigton Road Methodist Church Hall—Wednesday mornings—weekly.
- (5) St. Mark's Church Hall—Alternate Wednesday afternoons.

The following is a summary of the attendance of children at the above clinics:—

No. of children who attended Centres during the year ...	2757
No. of children who first attended a Centre of this Authority during the year and on the date of their first attendance were:—	
Under one year of age ... ... ... ...	900
No. of children who attended the Centres and were born during:—	
1962 ... ... ... ...	843
1961 ... ... ... ...	752
1957-60 ... ... ... ...	1162
Total number of attendances made by children who attended the Centres ... ... ... ...	12,926

### Distribution of Welfare Foods

Welfare foods were available from the Distribution Centre, 28 Victoria Place, during office hours throughout the week except Monday and Thursday afternoons when they were available at the Infant Welfare Clinic also in Victoria Place. Foods were also distributed from the peripheral Infant Welfare Clinics.

### Dental Treatment Provided for Expectant and Nursing Mothers and Pre-School Children

Report by Dr. T. W. Gregory, Principal Dental Officer.

Last year we had three Dental Officers to devote a proportion of their time to this service, whereas in the year under review the staff available was equivalent to two and a half dentists. Nevertheless, although the total number of extractions and dentures provided has decreased, the more time-consuming conservative treatment has shown an increase. The number of fillings for pre-school children has risen from 38 to 97. Any tendency towards complacency should be instantly dismissed when one realises that between the ages of two and five years the average number of decayed teeth is probably two to four per child in this area.

Obviously, without more staff, more dental health education of the public, or without some preventive means,

little progress is possible. Staff recruitment has, for years, been a difficulty here. Considerable efforts are being made throughout the country to promote knowledge of dental health, and we endeavour to contribute to this. The Health Committee has approved the fluoridation of the water supply, which in this locality means increasing the flourine content of water to the recommended level. At the time of writing, the City Council has not yet reached a decision on this matter, but the foregoing does indicate appreciable concern with the problem.

Four "Mothers" were referred for radiological examination. One mother and one pre-school child received treatment from the Oral Surgeon.

The x-ray apparatus which the Committee approved was delivered towards the end of the year and will enable us to take an x-ray without delay and without the patient having to make a special journey to hospital.

The relevant figures as to the numbers provided with dental care, and the forms of dental treatment provided will be seen on page 53.

### **Day Nursery**

The only municipal day nursery in the City is located at Raffles and can provide places for 10 children under two years of age and 40 children between 2 and 5 years. The nursery facilities are invaluable for unmarried mothers, widows and others with social difficulties who must go out to work. Attendance at the Nursery is also used as a method of treatment for children who may be maladjusted or who may be experiencing difficulty in learning to speak or acquiring other skills. The latter type of child does place considerable strain on the staff and unless the centre is fully staffed it is difficult to offer these children the necessary help.

**(a) Numbers provided with dental care.**

		Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	... ... ...	240	207	95	50
Children under Five	... ... ...	140	103	93	27

**(b) Forms of dental treatment provided.**

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided	Radio-graphs
							Full Upper or Lower	
Expectant and Nursing Mothers	42	243	2	—	159	21	34	20
Children under Five	3	97	11	—	170	73	—	4

## **Nurseries and Child Minders Regulations Act, 1948**

There are four registrations in operation within the City under the above Act; one is in respect of premises used as a nursery accommodating 24 children, two in respect of persons who are each authorised to receive into their own homes 8 children under the age of 5, and one who is authorised to admit 5 children under the age of 5. These premises have been periodically visited during the year.

### **Mother and Baby Homes**

The City Council does not provide such Homes directly. The Carlisle Diocesan Council for Social and Moral Welfare maintains a Home (St. Monica's) near Kendal, where unmarried mothers are admitted for their confinements and stay for considerable periods thereafter. The Lancaster Diocesan and Protection Society has a similar Home (Brettargh Holt) near Kendal for the admission mainly of Roman Catholics. The Carlisle Diocesan Council also maintains a Home at Coledale Hall, Carlisle, a property belonging to the City Council which has been recently renovated. This Home provides for the care of the mothers before and after their confinement in Hospital. The City Council has appropriate financial arrangements with both these voluntary organisations.

The number of Carlisle cases admitted to these Homes is shown in Table 18.

TABLE 18

1962	Coledale Hall	S. Monica's	Brettargh Holt
Number of mothers	... 3	1	—
Number of weeks residence	... 25	13	—

The Social Workers of Carlisle Diocesan Council act as Welfare Workers on behalf of the City Council for the care and protection of illegitimate children. During the year the cases shown in Table 19 were dealt with.

TABLE 19

Married women expecting illegitimate children	...	2
Unmarried women expecting children	...	27
Couples advised re adoption	...	4
Matrimonial troubles	...	6
Young people and family problems	...	6

### **MIDWIFERY SERVICE**

Domiciliary Midwifery still plays an important part in the overall health service. It is the type of work which certain midwives wish to undertake in preference to working in hospital. As years go by, however, a greater proportion of women will wish hospital confinements and it may well be that home confinements may become a rare event.

It is, however, evident that domiciliary midwifery will continue in the foreseeable future as the hospitals will be unable to provide the necessary beds and, moreover, some women refuse to have a hospital confinement. The important thing is to ensure that the correct people are admitted to hospital. Beds must be available for those requiring admission on medical or obstetric grounds and every effort is made to induce such patients to accept admission.

There is an establishment for six midwives excluding the Superintendent, but the number of domiciliary confinements has not in recent years justified the employment of the full complement. Five full-time district midwives, who are in receipt of essential user car allowances, undertook the work. These midwives are regularly sent to residential refresher courses approved by the Central Midwives Board. The number of domiciliary confinements increased from 285 in 1961 to 323 in 1962; each midwife had on average a case load of 65 patients.

Table 20 shows the number of deliveries attended by the district midwives during the year.

TABLE 20

	Doctor not booked		Doctor booked		Totals	Cases in Institutions
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked Doctor or another)	Doctor not present at time of delivery of child		
Midwives employed by the Authority	—	—	53	270	323	—
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act.	—	—	—	—	—	1683
Midwives in Private Practice (including Midwives employed in Nursing Homes).	—	—	—	—	—	—
TOTALS ...	—	—	53	270	323	1683

All the domiciliary midwives are qualified to administer analgesics in accordance with the regulations of the Central Midwives' Board and are supplied with Minnits gas and air apparatus. This form of analgesia was administered in 271 cases and pethidine in 123 cases.

The midwives summoned medical aid under Section 14 (1) of the Midwives' Act, 1951, on 105 occasions.

### **Supervision of Midwives**

Dr. David L. Wilson (Assistant Medical Officer) continued to act as Supervisor of Midwives. The hospitals were visited at least once each quarter. There are now no nursing homes admitting maternity cases in the City.

The following is a summary of the number of midwives who notified their intention to practice during the year:—

#### **In Domiciliary Practice**

No. who notified intention to practice as Midwives ...	7
--	---

#### **In Hospitals**

No. who notified intention to practice as Midwives ...	45
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### **General Practitioner Obstetricians**

At the end of the year 37 local practitioners were on the list of General Practitioner Obstetricians of the Carlisle Executive Council.

### **HEALTH VISITING**

There was the equivalent of 16 Health Visitors (School Nurses) in post at the end of the year. Their work as described in my report for 1961 is now over a much broader front. It is a modern practice to attach a Health Visitor to a group practice but this implies the Health Visitor's covering the same area as the practice. For this type of co-operation Carlisle is, from a geographical point of view, a difficult City. It is split into segments by rivers and railways and while the Health Visitors operate by districts each general practitioner covers the whole City and parts of the landward area without the City. It would be impossible for a Health Visitor to cover any doctor's practice requirements unless she had a car and so far you have not agreed to car allowances or the provision of cars. Even if all had cars this scheme could result in several visitors visiting any one street at the same time and, in fact, two might have to visit the same house. To overcome these difficulties and get the best of both systems I offered to provide a liaison health visitor for any practice where this was desired. The liaison health visitor sees the medical practitioner at pre-arranged times and transmits his instructions to her colleagues and takes

back to him any reports and queries. Unfortunately only a very few practices have availed themselves of this service but it is still available to any doctors who may now desire it. While I am in favour of attaching Health Visitors to doctors' practices if we had a sufficient number, and I understand that many Health Visitors like this type of work, one must remember that a doctor is only responsible for those patients on his list whereas the Health Visitor is responsible for everyone on her district whether on any doctor's list or not. One must ensure that any future change does not result in a loss of efficiency.

The Health Visitors have been responsible for testing the urine of all infants in the City for the detection of Phenylketonuria, and during the year no positive result was obtained.

The following is a summary of the work undertaken by the Health Visitors.

Visits to expectant mothers—

First Visits	...	...	...	...	...	206
Total Visits	...	...	...	...	...	382

Visits to children under 1 year of age—

First visits paid by a H.V. after birth of child	...	...	1,276
Total visits	...	...	6,900

Visits to children between the ages of 1 and 5—

Total visits	...	...	10,834
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Visits to other cases in respect of—

Still-births	...	...	...	...	...	1
Hospital After-Care Requests	...	...	...	...	...	501
Old People (Care and After-Care)	...	...	...	...	...	737
Handicapped	...	...	...	...	...	31
Miscellaneous Visits	...	...	...	...	...	605
						1,875

Special reason for visits to children under the age of 5—

Infectious Diseases	...	...	...	...	...	9
---------------------	-----	-----	-----	-----	-----	---

In addition, the Health Visitors paid visits as under—

To Child Welfare Clinics	...	...	...	...	...	595
To Day Nurseries	...	...	...	...	...	24

## HOME NURSING

Home Nurses continue to provide a much needed service throughout the City. The character of the work is subject to change as new methods of treatment are devised but a substantial portion of their time is devoted to aged persons. Apart from the Superintendent who is also Superintendent of Midwives there was a staff of eleven nurses, including one male nurse, throughout the year.

During 1962 the district nurses attended 1,204 patients

and paid to them 24,852 visits. The following are the types of cases attended:—

Medical	...	...	...	...	...	1,036
Surgical	...	...	...	...	...	160
Infectious Diseases	...	...	...	...	...	—
Tuberculosis	...	...	...	...	...	7
Maternal Complications	...	...	...	...	...	1

The ages of the patients were:—

Under 5 years	...	...	...	...	...	31
Over 65 years	...	...	...	...	...	679
Others	...	...	...	...	...	494

## VACCINATION AND IMMUNISATION

The protection of individuals, particularly children, against communicable disease by vaccination and immunisation is a very important function of the Health Department. Much administrative and professional time is taken up in the execution of this work but it is gratifying to note that there is good public response to our efforts.

Recent statistics supplied by the Minister of Health show that the City still maintains a high acceptance rate for vaccination and immunisation.

### Smallpox Vaccination

During the year there was an outbreak of smallpox in other parts of the country. Many requests for vaccination were received from people at little, if any, risk. Such panic vaccination is unsatisfactory. The 'ideal' procedure is for each person to be vaccinated before the age of two years and be re-vaccinated at intervals later in life. In the face of an outbreak energies and materials should be conserved to deal with contacts and not be dissipated on mass vaccination.

The smallpox acceptance rate for infant vaccination in Carlisle continues good at 79 per cent.

The work done by practitioners giving service under the Local Authority's Scheme and at the Clinics is set out below.

#### By Practitioners:

Primary Vaccinations	...	...	...	1,188
Re-vaccinations	...	...	...	927

#### At Local Authority Clinics:

Primary Vaccinations	...	...	...	579
Re-vaccinations	...	...	...	421

#### At Cumberland Infirmary:

Primary Vaccinations	...	...	...	73
Re-Vaccinations	...	...	...	646

Total Primary	...	...	...	1,840
Total Re-vaccinations	...	...	...	1,994

## Diphtheria Immunisation

This form of protection is still very necessary if we are to avoid the risk of an outbreak of diphtheria. At the end of 1962 87% of children born in 1961 and 79% of all children under 15 years of age had been immunised. The corresponding figures for England and Wales were 67% and 54% respectively. The treatment, so far as infants are concerned, is usually combined with protection against tetanus and whooping cough.

In addition to your medical staff 37 general medical practitioners took part in the scheme. The following is a summary of the work done during the year. The figures in brackets refer to 1961.

		Under 5 years.		Five yrs. and over.	
By	Private Practitioners				
	Complete Course ...	...	478 (666)	11 (31)	
	Re-inforcing Dose	...	117 (56)	222 (224)	
At	Clinics				
	Complete Course ...	...	713 (434)	62 (63)	
	Re-inforcing Dose	...	253 (148)	1300 (1191)	

## Prevention of Tetanus and Whooping Cough

Vaccination against tetanus and whooping cough apart from the administration of triple antigen was available at the Council's clinics.

87% of children born in 1961 received protection against whooping cough and an almost similar percentage against tetanus.

## B.C.G. Vaccination

In Section IV. Dr. Morton reports on the B.C.G. vaccination of contacts of cases of tuberculosis. Vaccination of children aged 13-14 years was carried out at your clinics by Drs. Craig and Wilson. The number of children dealt with is given below.

### B.C.G. VACCINATION OF 13-14 AGE GROUP

(i) No. of children skin tested	...	...	...	...	924
(ii) No. of above who gave positive reaction to Mantoux Test	...	...	...	...	106
(iii) No. who received B.C.G.	...	...	...	...	798

## Vaccination Against Poliomyelitis

As indicated in last year's report vaccination against Poliomyelitis was largely provided by means of the Sabin oral vaccine during 1962. This vaccine is available at all infant welfare clinics and, in addition, a special clinic is held every fourth Thursday evening, which caters for all age groups. Every effort is made to stress the importance

of this protection, particularly in respect of infants. The percentage of people under 20 years of age who had been vaccinated by the end of the year was 89%.

Table 21 shows the work done in connection with poliomyelitis vaccination during the year. This includes vaccinations undertaken by general practitioners, who were paid fees amounting to £852 during 1962.

TABLE 21

	Salk Vaccine (2 injections)	Sabin Vaccine (3 doses)
Children born 1962	3	88
Children born 1961	146	374
Persons born 1943-60	177	257
Persons born 1933-42	74	86
Other priority classes	211	303
Total receiving full initial course	611	1108

#### RE-INFORCING DOSES

No. of third injections (Salk) given during year	1542
No. of fourth injections (Salk) given during year	92
No. of third doses (Sabin) given after 2 Salk injections	1167
No. of fourth doses (Sabin) given after 3 Salk injections	1107
Amount of vaccine issued to Hospitals	120 doses

### Yellow Fever Vaccination

The International Yellow Fever Vaccination Centre at 2 George Street continued to be used throughout the year. Vaccinations were carried out by appointment at 11 a.m. on Mondays and Thursdays. During the year 203 persons received Yellow Fever Vaccination at the clinic, a charge of twelve shillings and sixpence being made for each vaccination.

### AMBULANCE SERVICE

The Ambulance Service has for many years been integrated with the Fire Service. Last year the operational establishment of the Ambulance Section was 7 Civilian Ambulance Drivers and 13 Fire (Ambulance personnel), but due to a resolution of the Council to implement a 48 hour week for Fire Service personnel it was necessary to provide additional Firemen and the opportunity was taken to transfer the 13 Fire/Ambulance personnel to the Fire Service and to employ 16 civilians to fill the vacancies on

the Ambulance Service vacated by the Firemen. The Service is still a combined service and the Firemen though not now manning the Ambulances may be called upon to do so in an emergency.

The Ambulance Fleet consists of :—

- 4 Ambulances
- 1 Sitting-case Coach (20 seats)
- 3 Ambulance/Sitting-case cars (10 seats)
- 1 Ambulance/Sitting-case car (12 seats)

Six Ambulance vehicles are fitted with radio and this means of communication adds to the efficiency of the service.

Particulars of the patients removed, journeys completed and the mileage recorded during 1962 are shown in Table 22.

TABLE 22

	Patients	Journeys	Mileage
City Removals to local hospitals	... 11,841	11,102	27,620
City cases to Distant Locations	... 698	637	26,107
Other cases to Distant Locations	... 177	172	5,333
Hospitals to Home (City)	... 10,958	10,262	23,946
City Hospitals to County Areas	... 77	73	5,113
County to Local Hospitals	... —	1	145
Hospitals Transfers:			
(a) City Patients	... 1,075	819	2,408
(b) Non-City Patients	... 116	98	689
Schools	... 6,606	440	6,024
Other Journeys	... 19,017	792	13,168
Emergencies	... 804	763	2,469
Miscellaneous	... —	559	1,224
	51,369	25,718	114,246

## PREVENTION OF ILLNESS AND AFTER-CARE

### Tuberculosis

As will be seen from Dr. Morton's report (Section IV.) the amount of work in prevention and after care in respect of cases of tuberculosis continues to decline. A small amount of assistance in kind is still given by the Tuberculosis After-Care Sub Committee but the problems are not nearly as pressing as they were when the schemes were set up in 1948.

The School Medical Officers continued the survey of infant school children started in 1954. With the consent of their parents 602 children received Tuberculin (Mantoux) tests. Of these 15 gave a positive reaction and were referred to the Chest Physician for full investigation and a follow-up of their intimate contacts with a view to ascertaining the source of their infection.

## **Other Diseases**

The staff of the Department co-operated with hospitals and general practitioners in this work.

The work in regard to geriatric and other patients has been continued by the Health Visitors and District Nurses helped where necessary by the Social Workers. During the year the Health Visitors paid 1238 care and after-care visits including 737 to aged persons. Of these aged persons, 171 had requested Part III. Accommodation.

The follow-up of Venereal Diseases cases has from custom been undertaken by Miss Buck, the Group Almoner at the Cumberland Infirmary.

## **Provision of Nursing Equipment and Apparatus**

The number of articles loaned to patients on the request of a doctor, nurse or midwife was 664. A small charge, varying with the value of the article, is made in respect of each piece of equipment issued. There is a number of wheel-chairs which are in great demand during the summer months.

## **Convalescent Treatment**

Convalescent treatment was provided at Silloth Convalescent Home for 20 people, mostly elderly, whose family practitioner had made a recommendation. The Home Help Organiser assessed their ability to contribute to the cost in accordance with the Council's scale.

## **Health Education**

The secondment of a Health Visitor for a major portion of her time to Health Education has enabled us to press forward with this work and to offer services to secondary schools which have been well received. The Health Visitor aroused the interest of girls by instructing in mothercraft but the opportunity was taken to give general health education and to stress the value of abstinence from smoking. At Council level a campaign was started to get smoking prohibited on the lower deck of buses plying within the City. At first not all operators would agree but at the time of writing this end has been achieved. The discussions in the Council chamber helped with the spread of the message though it should be made clear that the primary aim of the restriction was for the comfort of asthmatics and others with lung complaints who may travel by 'bus

and not because of the carcinogenic action of cigarette smoking. The Council decided to use the services of the special lecturers and van provided by the Central Council for Health Education but this will not visit the City until the Autumn of 1963. In addition posters and other materials were used in clinics, youth clubs, etc. where appropriate.

The Public Health Inspectors continued to educate food handlers in the hygienic practice of their trade. One of the Inspectors was responsible for a class for butchers and young persons preparing to enter the catering and other food trades at the Technical College. Members of the staff are called upon to address meetings of various bodies and the opportunity is always taken to use these for health education.

### **Prevention of Break-Up of Families**

Once again much time was devoted to this subject. Two families where there were children or young people were held together by the provision of a Home Help free of charge or at a mere notional sum. In such cases there is close co-operation with general practitioners, consultants, health visitors, social workers, the Children's Officer, school teachers etc. This work appears very unrewarding as the weeks go by but in the long term can bear fruit. The Council continued to operate the flats for homeless persons opened in 1961. It is unfortunate that some of the less responsible citizens tend to regard these as another form of housing but it should be realised that this is not so. During the year one or two families admitted thereto were able to be rehabilitated and have obtained work and a more permanent abode but for those where there is permanent estrangement of husband and wife the outlook is indeed bleak.

### **HOME HELP SERVICE**

The Home Help Service continued its valuable work. 85% of the service was devoted to the aged and chronic sick. As indicated previously a small amount was devoted to families where complete break-up was threatening. Both these categories require long-term service.

Demands on the service tend to increase. This may take the form of increased households requiring help but more often by recipients requiring more help as they become more frail. During 1962 there were employed in the service 4 full-time and 64 part-time, equivalent to 43 full-time home helps in addition to the Organiser and her assistant.

## **MENTAL HEALTH SERVICES**

The year has seen increased activity in the work of care and after-care in the community. Plans for a hostel for subnormal adults were approved and work on the adaptations of the building (St. Stephen's Vicarage) was due to start early in 1963. There was a considerable increase in the number of patients admitted to hospital in accordance with Section 29 of the Mental Health Act, 1959. This section provides for admission for observation in cases of emergency and only one doctor's certificate is required, although a further doctor's certificate is required if the patient's detention is necessary beyond 72 hours. In only a few of the cases admitted under this section was further action considered necessary.

### **Administration**

As in previous years the Mental Health Sub-Committee, consisting of seven members of the Council, met quarterly. Certain functions under the Mental Health Act, 1959, relating to patients were delegated to this Committee. The Medical Officer of Health and his two full-time Assistants were authorised to receive documents and to sign transfer and other documents in accordance with the Mental Health (Hospital and Guardianship) Regulations, 1960. Throughout the year the names of eleven practitioners remained on the list of approved Medical Officers.

The registration of one mental nursing home providing accommodation for 65 subnormal or severely subnormal female patients continued throughout the year. This home was visited regularly and found to be satisfactory. During the year 3 of the patients died, 2 were transferred to Dovenby Hall Hospital and 2 new patients were admitted, leaving a total of 60 patients at 31st December, 1962.

The general direction of the Mental Health Service continued to be the responsibility of the Medical Officer of Health who was able to obtain advice when necessary from local Consultant Psychiatrists. He had the assistance of two full-time Assistant Medical Officers of Health, an Educational Psychologist, one full-time and four part-time Mental Welfare Officers, and until the end of October, a Psychiatric Social Worker. It was not possible to replace the latter officer before the end of the year.

The full-time Mental Welfare Officer attended a refresher course organised by the Newcastle-upon-Tyne Regional Hospital Board during the year and health visitors also at-

tended courses on mental health work. The Supervisor of the Adult Training Centre and one Assistant Supervisor attended refresher courses during 1962. All the staff of both Training Centres attended a study day organised by the Newcastle Mental Health Service. In-post training continued to be provided for the Health Visiting staff.

### **Mental Subnormality**

Details of the cases referred to the local health authority and the cases being visited at the end of the year are shown in the tables at the end of this section. Informal supervision is provided where necessary and cases referred by the local education authority are given advice and assistance as required. During the year your full-time Mental Welfare Officer paid 1320 visits to such patients. A Social Club for adult sub-normal persons was opened early in the year and met one evening each month. This Club was successful largely due to the active participation of your officers and members of the Parents Association. As reported earlier, work on the hostel for subnormal adults is in progress and it is expected to be open late in 1963.

### **Training Centres**

The Junior and Adult Training Centres continued to operate in temporary buildings. It is regretted that the provision of new Centres has had to be deferred for two years and they will not be available before 1966 or 1967. Throughout the year there were no staff changes at the Centres but at the time of writing difficulty is being experienced in recruiting a Supervisor for the Junior Centre and other Centre staff. At the end of the year there were 34 children on the register of the Junior Centre and 23 on that of the Adult Centre.

Considerable progress was made in developing the Adult Centre on industrial lines, particularly in respect of the male trainees. The production of various items of woodwork increased greatly and the manufacture of concrete flagstones had begun before the end of the year. An extension of the activities for the female trainees is planned for 1963.

The policy of placing subnormal adults in open industry continued but the general employment situation has resulted in more than normal difficulty being encountered.

### **MENTAL ILLNESS**

Close co-operation between the staffs of the department and the local hospital has helped the after-care work undertaken in respect of out-patients and discharged hospital

patients. Case conferences were held at the hospital and a member of your staff was in attendance at many out-patient clinics. Full co-operation was also offered to the general practitioners and this sphere appears to be developing satisfactorily.

The Social Club for patients discharged from hospital or attending out-patient clinics continued to provide a useful service and the co-operation of this department's Social Workers with those of the hospital and Cumberland County Council have ensured the success of this venture.

As mentioned earlier in this section there was a considerable increase in the number of cases admitted to hospital for observation in emergencies. Of 48 such cases dealt with by your part-time Mental Welfare Officers only 3 were detained compulsorily after admission, the remainder either remained in hospital informally or were discharged within three days. During the year the Mental Welfare Officers were called out on 108 occasions to 95 patients. Table 23 shows details of these cases.

Table 24 shows the cases by category which were being visited at the end of the year and Table 25 indicates the number of cases referred to the local health authority during the year and the sources of referral.

TABLE 23

Number of patients admitted to hospital informally ...	22
Number of patients admitted in accordance with Section 25 ... ... ... ... ...	21
Number of Patients admitted in accordance with Section 26 ... ... ... ... ...	9
Number of Patients admitted in accordance with Section 29 ... ... ... ... ...	48
Number of Patients admitted in accordance with Section 60 ... ... ... ... ...	2
Cases in which no action was taken ... ... ...	6

TABLE 24

PATIENTS VISITED THROUGHOUT THE YEAR

	Mentally Ill		Psychopathic Personality			Subnormal			Severely Subnormal			TOTALS			GRAND TOTAL							
	Under 16 yrs. 16 yrs. & over		Under 16 yrs. 16 yrs. & over			Under 16 yrs. 16 yrs. & over			Under 16 yrs. 16 yrs. & over			Under 16 yrs. 16 yrs. & over			Under 16 yrs. 16 yrs. & over							
	M	F	M	F	M	F	M	F	M	F	M	M	F	M	F	M	F					
(a) Attending day training Centre	—	—	—	—	—	—	—	—	6	4	20	14	5	7	20	14	11	..	56			
(b) Receiving Home Visits but not included in (a) ..	2	1	15	18	—	—	—	—	3	1	25	22	4	2	14	12	9	4	54	52	..	119
Total Number of Patients	2	1	15	18	—	—	—	—	3	1	31	26	24	16	19	19	29	18	65	63	..	175

TABLE 25  
SOURCES FROM WHICH PATIENTS WERE REFERRED TO HEALTH DEPARTMENT

REFERRED BY	Mentally Ill		Psychopathic Personality			Subnormal			Severely Subnormal			TOTALS			GRAND TOTAL									
	Under 16 yrs. 16 yrs. & over		Under 16 yrs. 16 yrs. & over			Under 16 yrs. 16 yrs. & over			Under 16 yrs. 16 yrs. & over			Under 16 yrs. 16 yrs. & over			Under 16 yrs. 16 yrs. & over									
	M	F	M	F	M	F	M	F	M	F	M	M	F	M	F	M	F							
(a) General Practitioner ..	9	5	12	20	—	—	1	—	—	—	—	2	—	—	11	5	13	20	..	49				
(b) Hospitals, on discharge from in-patient treatment ..	—	—	26	35	—	—	—	—	1	—	—	—	—	—	—	—	—	27	35	..	62			
(c) Hospitals, after or during out-patient or day treatment ..	1	—	12	15	1	—	2	—	—	—	—	—	—	—	2	—	14	15	..	31				
(d) Local Education Authorities ..	—	—	—	—	—	—	—	—	1	—	6	7	5	2	—	6	2	6	7	..	21			
(e) Police and Courts ..	—	—	12	1	—	—	—	—	—	1	—	—	—	—	—	—	1	12	1	..	14			
(f) Other sources ..	9	3	6	9	—	—	—	—	—	1	1	1	1	1	—	10	4	7	10	..	31			
TOTAL REFERRALS ..	19	8	68	80	1	—	3	—	1	1	8	8	8	3	—	8	3	—	29	12	79	88	..	208



## **SECTION VI.**

**GENERAL PROVISION OF HEALTH  
AND WELFARE SERVICES, Etc.**



# **PROVISION OF WELFARE SERVICES**

## **ADMINISTRATION**

Your Medical Officer of Health is Chief Welfare Officer and there is the closest possible integration of health and welfare services which are administered from the Health Department. The ageing of the population is resulting in an increased demand for special services for the elderly, and it is certain that this trend will continue.

## **ACTION UNDER SECTION 47 OF THE NATIONAL ASSISTANCE ACT, 1948, AND THE NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951**

No person had to be brought before the Court for the first time as requiring compulsory removal to a home or hospital but applications had to be made on four occasions to extend one of the orders made in 1961. The lady in question while continuing unfit to provide for herself was unwilling to remain in care nor was it possible for her or her representatives to make adequate provision for such care.

## **RESIDENTIAL ACCOMMODATION**

The provision of residential accommodation for old people was the same as in 1961, namely:—

Barn Close—with modern adaptations which could accommodate 50 persons.

Lime House—which has an official capacity for 29 persons but which has frequently 34 residents.

Stanwix House—held on a temporary basis, which can at the most take 20 residents. This house is run in liaison with Barn Close, adjacent to which it is situate.

Aglionby Grange—for 23 handicapped aged persons of both sexes.

Although these homes provide in all 1.7 places per thousand of total population (15.4 per thousand population aged 65 years and over compared with 16.1 per thousand for England and Wales) the urgent demands for this class of accommodation resulted in much overcrowding and for a considerable part of the year 136 persons or 1.9 per thousand of general population were actually accommodated in these homes. At the time of writing the architects are busily engaged on the plans for a 45 place home to be provided at Harraby and this will bring the provision in the City more in line with the needs.

Carlisle has been in the forefront in the provision of Aged Persons Dwellings and there are 966 such houses, equivalent to 122 per thousand of population aged 65 years and over, but so far partial dependency units have not been provided. During the year a joint sub-committee consisting of members of the Housing Management and Welfare Committees was set up and the matter is now receiving serious consideration.

Table 26 shows the number of persons admitted to and discharged from the Council's Homes. Another 9 persons were accommodated in Homes provided by Voluntary Organisations or other Local Authorities. In addition 11 persons were admitted to the Local Authority's Homes to enable their relatives to have a holiday.

TABLE 26

	Total at 31/12/61	Admitted During Year	Discharged During Year	Total at 31/12/62	Average Daily Occupancy
	M. F.	M. F.	M. F.	M. F.	
Barn Close .....	14 34	10 16	8 13	16 37	50.86
Lime House .....	23 15	8 11	10 10	21 16	38.05
Stanwix House .....	15 8	14 6	18 4	11 10	21.97
Aglionby Grange ...	6 17	7 11	6 9	7 19	24.47

### TEMPORARY ACCOMMODATION

The flats in the Married Quarters at the Castle came into use on the 13th April, 1962.

During the year 12 families were admitted to the flats, two families being in occupancy at the end of the year. One woman was accommodated for one night in Aglionby Grange.

Table 27 shows the admissions to and discharges from the flats at the Married Quarters and the number remaining in occupancy at the end of the year.

TABLE 27

	No. of Families	Men	Women	Children
Admitted during year ...	12	8	12	26
Discharged during year ...	10	7	10	18
Total remaining in occupancy at 31.12.62 ...	2	1	2	8

These flats meet a need. They have prevented the break up of certain families and have been an aid to rehabilitation of other families. Their very existence, however, has on occasions resulted in certain people not using their best endeavours to secure normal housing accommodation for their families but the staff are alive to this situation.

## **WELFARE OF THE BLIND**

### **Ascertainment**

During the year 18 cases were brought to my notice who might be suffering from blindness; all were referred to a Consultant Ophthalmologist and 15 were subsequently classified as blind and 3 as partially sighted. Where treatment was recommended by the Consultant the cases were followed up to ensure that this was received. Table 28 shows the causes of the blindness and the recommendations made by the Consultant.

The general practitioner is notified when his patient is being examined by an Ophthalmologist for the purpose of blind registration and given a copy of Form B.D.8 after the examination.

**TABLE 28**

Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends	Cause of disability			
	Cataract	Glaucoma	Retroental Fibroplasia	Others
1 (a) No treatment ...	4	1	—	3
(b) Treatment (Medical, Surgical or Optical)	5	4	—	1
2 Number of cases at (1) (b) above which on follow-up action have received treat- ment. ... ... ...	4	3	—	—

In addition three partially sighted persons were re-examined by a Consultant Ophthalmologist. There was no change in classification in two cases but the third was reclassified blind. One registered blind person was re-examined and was decertified.

### **Social Rehabilitation**

There was no person under the age of 65 years who was newly ascertained to be blind and who was suitable for such a course.

### **Ophthalmia Neonatorum**

There were no cases of this disease notified during the year.

### **Register of Blind and Partially Sighted**

At the end of the year there were 105 registered blind persons and 23 partially sighted persons residing within the

City. Table 29 shows the numbers on both registers at the beginning of the year, those removed therefrom by death, change of residence, etc., those added by ascertainment and immigration, and the numbers on the registers at the end of the year.

TABLE 29

		Blind		Partially Sighted	
		M.	F.	M.	F.
On Register at 31st Dec., 1961	...	39	63	12	9
Removed from Register during year	...	5	12	2	1
Admitted to Register during year	...	7	13	3	2
On Register at 31st Dec., 1962	...	41	64	13	10

The distribution of cases on the Register at 31st December, 1962, by age and sex is shown in Table 30 and the occupations shown in Table 31.

TABLE 30

Age Group	Blind		Partially Sighted	
	M.	F.	M.	F.
0 — 4	—	—	1	—
5 — 10	—	—	—	2
11 — 15	—	—	—	1
16 — 20	—	—	1	—
21 — 29	3	3	1	—
30 — 39	1	3	1	—
40 — 49	6	7	2	—
50 — 59	4	8	3	1
60 — 64	1	2	1	—
65 — 69	3	5	—	1
70 — 79	14	21	2	3
80 — 84	4	8	—	2
85 — 89	3	7	1	—
90 and over	2	—	—	—
Age unknown	—	—	—	—
	<hr/>	<hr/>	<hr/>	<hr/>
	41	64	13	10
	<hr/>	<hr/>	<hr/>	<hr/>

TABLE 31

		M.	F.
16 years and upwards			
Employed—In Workshops for the Blind	...	8	2
Elsewhere	...	3	1
Not Employed—Not available for work 16-59	—	15	
Not available for work 60-64	1	2	
Not capable of work 16-59	2	3	
Not working 65 and over	26	41	
Already trained for sheltered employment	...	1	—
	<hr/>	<hr/>	<hr/>
	41	64	
	<hr/>	<hr/>	<hr/>

The Cumberland and Westmorland Home and Workshops for the Blind acted as Agents for the Corporation as regards the welfare services for the Blind until the 31st May,

1962, when the Home Teacher of the City Health and Welfare Department was taken on the staff.

### **Sheltered Employment**

In my last report I indicated that the Cumberland County Council and the City Council were contemplating taking over the Cumberland and Westmorland Home and Workshops for the Blind as that body was unfit financially to carry on. The voluntary body continued to operate the Workshops until 30th November, 1962 and the two Local Authorities assumed responsibility on the 1st December.

The operation of the Workshops is the responsibility of a Joint Sub-Committee consisting of 6 members of Cumberland County Council and 4 members of Carlisle City Council. The County Clerk and County Medical Officer are Clerk and Executive Officer while the City Treasurer is Financial Officer to the Joint Sub-committee. The City Engineer and Surveyor carries out maintenance work for the buildings on behalf of the Joint Sub-committee.

Table 32 shows the number of City Blind and Partially Sighted Persons in the Petteril Bank Workshops at 31st December, 1962.

**TABLE 32**

	Blind		Partially Sighted			
	Undergoing		Undergoing			
	Employed	Training	Employed	Training	M.	F.
Basket Worker	...	1	—	—	—	—
Brush Makers	...	2	—	—	—	—
Firewood Workers	...	4	—	—	—	—
Mattress Making	...	1	—	—	—	1
Knitting Machine	...	—	2	—	—	—
	8	2	—	—	—	1

### **WELFARE OF THE DEAF**

There were 61 registered deaf persons in the City at 31st December, and in Table 33 is set forth their distribution by age and sex.

**TABLE 33**

	Without		With	
	Speech	M.	Speech	M.
Children under 16 years	...	8	2	1
Persons aged 16-64 years	...	19	14	2
Persons aged 65 years and over	...	2	5	—
				1

The Carlisle Diocesan Association for the Deaf continued to act as the City's agents in respect of persons suffering from this handicap. The Mission is based in central premises

in Carlisle which in addition to providing office accommodation and a meeting place for the deaf, houses the local Hard of Hearing Club.

### **OTHER HANDICAPPED PERSONS**

At the end of the year there were 116 persons registered under the Council's scheme for Other Handicapped Persons.

Table 34 shows the number on the Register at 31st December, 1962, by age and sex.

TABLE 34

	M.	F.
Children under 16 years	...	—
Persons aged 16-64 years	46	52
Persons aged 65 years and over	6	12

Of the persons registered:—

9 are suffering from cerebral palsy.

9 are epileptics, and

8 are the victims of poliomyelitis.

The Handicapped Person's Club continued to flourish during the year and outings were arranged during the summer period. Financial assistance was given to 2 handicapped persons to provide various adaptations in their houses.

We are indebted to many people who have come to the Club at the request of our Welfare Assistant, Mrs. Irving, to entertain the members. Particular mention should be made of the help given by the Fire and Ambulance Service both in their official duties and as volunteer helpers in their own time.

Occupational therapy and handicraft classes were continued throughout the year, the former service being provided in conjunction with the East Cumberland Hospital Management Committee on an agency basis.

### **Sheltered Employment and Training**

One sighted handicapped basket maker was employed throughout the year and one young woman, who suffers from cerebral palsy with athetosis, continued to attend.

### **Epileptics**

9 epileptics were registered as handicapped persons in the City and attended the Club for Handicapped Persons. A further epileptic was known to the department; she was not registered but had been in hospital. No major social problems arose during the year.

## **Spastics**

The position regarding the sufferers from Cerebral Palsy remained as in the 1961 report.

9 adults were registered with the Local Authority under the Scheme for Other Handicapped Persons and 2 of these receive occupational therapy.

## **REGISTRATION OF HOMES**

There are three Homes for the aged registered under Section 37 of the National Assistance Act, 1948, whose main function is the reception of the aged.<sup>1</sup> These Homes were regularly visited during the year and found to be operated in a satisfactory manner. Once again I should like to point out that the Council has approved the standards for such Homes and any person contemplating opening one is recommended to call at the Health Department and obtain the necessary information before incurring expense on a house which might not be suitable for the purpose in mind.

## **ACTION UNDER SECTION 48—TEMPORARY PROTECTION OF MOVEABLE PROPERTY**

No action required to be taken.

## **ACTION UNDER SECTION 50—BURIAL or CREMATION OF THE DEAD**

The City Council arranged for the burial of bodies of three persons who had died and in respect of whom no suitable arrangement for the disposal of the bodies had been made.

## **GENERAL**

Local voluntary bodies continued to play a vital role in the welfare of the aged and handicapped and the co-operation between such bodies and the City Council continues to be excellent. Financial assistance has continued to be given to these organisations to enable them to carry on with their work.

As a result of Circular 7/62 a meeting was held with representatives of local voluntary bodies. It was agreed that the Medical Officer of Health should call such meetings as and when required. While the voluntary societies were willing to help to the maximum of their capacities it was felt that in some cases their London headquarters had suggested they could undertake more for local health authorities than their strength in the field permitted.

## **The Carlisle Old People's Welfare Council**

The City Council has again been represented on the Executive Committee of this body, which provides a most necessary chiropody service for old people. During the year 5,626 treatments were given to 870 patients. Although the Council now has a scheme for Chiropody under Section 28 of the National Health Service Act, 1946, it was considered highly desirable that the scheme operated by the Old People's Welfare Council should be left at least for the present undisturbed.

No new Clubs were formed but the membership of the 21 existing ones has increased to the region of 2,000. A number of visits and holidays have been arranged for Club members through the agency of the Old People's Welfare Council.

## **The Carlisle Council of Social Service**

The Corporation continued its grant to and representations on the Executive Committee of this Council. The Citizen's Advice Bureau provided by this Council dealt with 1,858 callers during the year.

## **The W.V.S. (Carlisle County Borough Branch)**

The Meals on Wheels Service and the Old People's Dining Club were continued during the year by the W.V.S., the City Council making a grant towards the service. This is a much appreciated practical expression of voluntary help. As a result of the increased grant from the City the W.V.S. has been enabled to provide meals on wheels three days per week.

## **Infantile Paralysis Fellowship**

This body still flourishes and the City Council has again allowed the local branch the full use of the Corporation swimming baths free of charge for one session each week.

## **SECTION VII.**

# **ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR**



# **ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR**

**E. BOADEN, A.M.I.P.H.Eng.**

For the first time in almost a decade, the public health inspection section of the Department entered a new year free from the handicap of staffing problems, and with plans, already prepared, to gather in the shortest possible time an up-to-date picture of those matters over which the inspectors have supervision in an advisory capacity or a duty to perform. In this respect it has been a profitable and successful year in that much of the information essential to the efficient functioning of the Department has been collected, recorded, classified and evaluated, and to an appreciable extent the position has been restored.

During the gradual transition over the last ten years from conditions overshadowed by the aftermath of war to the present day, emphasis in the field of environmental health has been upon housing, food hygiene and atmospheric pollution. The Department has played a part attenuated maybe by its limited resources up to the end of 1961 but with considerable vigour during the year under review. Because of this the slum clearance proposals submitted for the five year period beginning January, 1956, were by no means completed by the end of 1960. The position, however, had so far improved by mid 1962 that being within sight of completion of the 1956 programme the second five year programme due to be started in January, 1963, was then submitted, and this will be commented upon in the relevant section of this report. There would still appear to be some trafficking in sub-standard and near sub-standard dwelling houses, many on a form of mortgage arrangement entered into between the owner and the sitting tenant. The predicament of a family, usually of limited means, which has become so involved, is something which can never be viewed with equanimity and I can only repeat that anyone contemplating the purchase of a house to which any doubt whatsoever attaches should, without exception, first consult the local authority.

One of the most satisfying achievements during the year has been the re-establishment of adequate control in the supervision of catering and other food handling premises. This deterioration in supervision up to the end of 1961 had been a matter of considerable anxiety to the Department.

During the year a tentative counter-proposal to the Council's declared intention to erect a new public slaughterhouse was suddenly presented only to be superseded after a very short life by further proposals from hitherto unsuspected sources. After considerable discussion the Council agreed to accept in principle the proposal of the newly formed Carlisle Butchers (1962) Ltd. to erect at their own expense a slaughterhouse to serve the needs of the area on land to be leased to the Company by the Corporation. In view of this latest development it is anticipated that the "appointed day," i.e., the date suggested in the Council's Slaughterhouse Report and agreed by the Minister of Agriculture, Fisheries and Food, when all slaughterhouses in the area must conform to the construction regulations for slaughterhouses, will be postponed for a further two years or so.

I am able to report, on the supervision of quality food production and the safety thereof an extension both in scope and volume. There has been an increase in the number of animals slaughtered for human consumption and one hundred per cent. inspection has been carried out in accordance with the long standing policy of the Council. The activities of the food inspectors now include regular inspection of other food production activities such as the breaking and canning of liquid eggs and broiler chicken preparation, both of which now form part of the general pattern of the commercial life of the City.

Considering the Department's activities over the past twelve months the picture is one showing organisation rather than improvisation which has resulted in a better balanced, a reasonably comprehensive and more effective guardianship of the environmental sanitation of the City with, it is hoped, consequential benefit to the health of its citizens.

## **LIST OF ACTS AND REGULATIONS PUBLISHED (IN 1962)**

### **Acts**

Landlord and Tenant Act, 1962.

### **Statutory Instruments**

- SI. 228/62 Food Hygiene (General) Regs. 1962.
- SI. 668/62 Housing (Management of Houses in Multiple Occupation) Regs. 1962.
- SI. 1021/62 Housing (Prescribed Forms) (Amendment) Regs. 1962.
- SI. 1287/62 Food and Drugs (Legal Proceedings) Regs. 1962.
- SI. 1288/62 Milk and Dairies (Legal Proceedings) Regs. 1962.
- SI. 1405/62 Food Standards (Table Jellies) (Amendment and Revocation) Regs. 1962.

- SI. 1531/62 Milk and Dairies (Preservatives) Regs. 1962.  
 SI. 1532/62 Preservatives in Food Regs. 1962.  
 SI. 2528/62 Atrophic Rhinitis (Revocation) Order, 1962.  
 SI. 2529/62 Atrophic Rhinitis (Compensation) (Revocation) Order, 1962.  
 SI. 2626/62 Abstract of Factories Act Order, 1962.  
 SI. 2669/62 Poisons List Order, 1962.  
 SI. 2670/62 Poisons Rules, 1962.  
 SI. 2713/62 Fertilizers and Feeding Stuffs (Amendment) Regs. 1962.

## Circulars

- Circ. MHLG. 42/62 Improvement of Houses.  
 Circ. MHLG. 59/62 Landlord and Tenant Act, 1962.  
 Circ. FSH. Milk and Dairies (General) Regs. — Approved Chemical Agents.  
 Circ. MHLG. 60/62. Clean Air. Smoke Control Programmes 1962-66.

## INSPECTION OF THE DISTRICT

### Number and Nature of Inspections

During the year 1962 the following inspections were made by the Public Health Inspectors to the premises detailed:—

PUBLIC HEALTH ACT, 1936.	Visits
DWELLING HOUSES—Re Housing defects ... ... ...	338
"      " Other visits ... ... ...	257

Visits to ALL PREMISES for purposes of:—

Sec.	23	Maintenance of Public Sewers	...     ...     ...     ...     ...	35
	39	Provisions as to drainage, etc., of existing buildings	...	257
	40	Provisions as to soilpipes and ventilation shafts	...	—
	44	Sanitary accommodation insufficient or requiring reconstruction	...     ...     ...     ...     ...	4
	45	Buildings having defective closets capable of repair	...	24
	46	Sanitary conveniences in workplaces, etc.	...	4
	51	Care of closets by occupiers	...	—
	52	Care of sanitary conveniences used in common	...	2
	55	Means of access to houses for removal of refuse etc.	...	—
	56	Paving and drainage of yards and passages	...	7
	58	Dangerous buildings	...	27
	79	Mandatory removal of accumulations of noxious matter	...	—
	80	Removal of manure, etc.	...	6
	83	Cleansing of filthy or verminous premises	...	37
	84	Cleansing or destruction of filthy or verminous articles	...	4
	89	Sanitary conveniences at inns, etc., and places of public entertainment	...	51
	92a	Premises in such a condition as to be prejudicial to health or a nuisance	...	293
	92b	Animals kept in such a manner as to be prejudicial to health or a nuisance	...	17
	92c	Accumulation or deposit prejudicial to health or a nuisance	...	122
	92d	Dust and effluvia caused by trade or business, etc.	...	44
	92e	Overcrowded and ill-ventilated workplaces	...	—
	108	Bye-laws—Fish Frying	...	16
		Offensive trades	...	12
	138	Provision of water supplies	...	10

154	Prohibition of sales by rag dealers	...	...	...	—
240	Bye-laws—Common lodging houses	...	...	...	12
259	Nuisances—Watercourses, etc.	...	...	...	22
268	" Tents, vans, sheds, etc.	...	...	...	6
269	Regulating moveable dwellings	...	...	...	24
<b>PUBLIC HEALTH ACT, 1961.</b>					
Sec.					
17	Summary power to remedy choked drains	...	...	...	73
25	Emergency powers to deal with dangerous buildings	...	...	...	4
61	Nuisance from pigeons	...	...	...	13
<b>INFECTIOUS DISEASE</b>					
	Investigating infectious disease	...	...	...	391
	Investigating food poisoning	...	...	...	115
<b>CLEAN AIR ACT, 1956</b>					
	Smoke abatement observations	...	...	...	74
	Premises, furnaces, etc., visited	...	...	...	62
<b>FOOD AND DRUGS ACT, 1955, Etc.</b>					
	Total visits re Food Hygiene Regulations	...	...	...	1163
	Total visits re Milk and Dairies Regulations	...	...	...	98
	Public slaughterhouses and bacon factory	...	...	...	58
	Sampling	...	...	...	324
<b>MEAT AND FOOD INSPECTION</b>					
	At Shops, etc.	...	...	...	214
	At Slaughterhouses	...	...	...	73
	At Bacon Factory	...	...	...	203
<b>HOUSING AND SLUM CLEARANCE.</b>					
<b>HOUSING ACT, 1957.</b>					
Sec.					Visits
4	re Standard of fitness	...	...	...	718
9-10-16	,, Repair and reconstruction of unfit houses	...	...	...	58
17	,, Demolition and closure of unfit houses	...	...	...	56
18	,, Closing of parts of buildings	...	...	...	14
36	,, Houses let in lodgings	...	...	...	21
81	,, Entry of "Permitted No." in Rent Books	...	...	...	—
Part 3	,, Clearance and re-development areas	...	...	...	103
Part 4	,, Abatement of overcrowding	...	...	...	6
Part 4	,, Permitted numbers	...	...	...	—
<b>HOUSING ACT, 1949.</b>					
	re Improvement grants	...	...	...	59
<b>HOUSING ACT, 1961.</b>					
	re Houses in multiple occupation	...	...	...	6
<b>RENT ACT, 1957.</b>					
	re Certificate of Disrepair	...	...	...	32
<b>CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1961</b>					
	...	...	...	...	6
<b>NOISE ABATEMENT ACT 1961</b>					
<b>LAND CHARGES ACT, 1925.</b>					
	Inspections re Search Forms	...	...	...	60
	No. of Search Forms completed	...	...	...	1064
<b>FACTORIES ACT, 1961.</b>					
Sec.					
7	Factories with mechanical power	...	...	...	218
1, 2, 3, 4, 6, 7	Factories without mechanical power	...	...	...	1
7	Other premises, sites of building and engineering works	...	...	...	10
113	re Outworkers	...	...	...	1

SHOPS ACT, 1950.

re Hours, Sunday Trading, Young Persons, etc.	...	79
re Welfare Provisions	...	258

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Local Authority properties	...	...	...	...	30
Dwelling-houses	...	...	...	...	49
All other, including business premises	...	...	...	...	196
Agricultural properties	...	...	...	...	3

INSECT PEST CONTROL.

Dwelling-houses	...	...	...	...	43
Other premises	...	...	...	...	28

DRAINAGE INSPECTIONS AND VISITS.

Drains opened out for inspection	...	...	...	...	17
Water, colour and other tests	...	...	...	...	

OTHER INSPECTIONS AND VISITS.

Non-industrial premises, Offices, etc.	...	...	...	...	19
Schools	...	...	...	...	6
Public Conveniences, etc.	...	...	...	...	125
Swimming baths and pools	...	...	...	...	7
Refuse Tips, Salvage Depots, etc.	...	...	...	...	50
re Fertilisers and Feedingstuffs Act, 1926	...	...	...	...	5
,, Agric. Produce, grading and marking	...	...	...	...	4
,, Pharmacy and Poisons Act, 1933	...	...	...	...	13
,, Merchandise Marks Act, 1926	...	...	...	...	103
,, Rag, Flock and other filling materials Act, 1951	...	...	...	...	3
,, Pet Animals Act, 1951	...	...	...	...	10
,, Agriculture (Safety, Health and Welfare Provisions) Act, 1956	...	...	...	...	—
Miscellaneous	...	...	...	...	432
Interviews	...	...	...	...	769

**List of Contraventions and Works Executed**

PUBLIC HEALTH ACT, 1936.

Sec.		Fnd.	Abtd.
23	Maintenance and Cleansing of certain public sewers	1	1
24	Recovery of cost of maintaining sewers	—	—
39	Drainage, etc., of existing buildings	26	22
44	Buildings having insufficient closet accommodation or closets so defective as to require reconstruction	—	—
45	Buildings having defective closets, capable of repair	9	8
46	Provision of sanitary conveniences in workplaces	3	1
55	Means of access to houses for removal of refuse, etc.	—	—
56	Paving and drainage of yards and passages	2	1
58	Dangerous or dilapidated buildings	1	—
75	Provision of Regulation dustbins	—	—
79	Removal of accumulation of noxious matter	—	—
80	Removal of manure, etc.	—	—
83	Cleansing of filthy or verminous premises	—	1
84	Cleansing or destruction of filthy or verminous articles	—	—
92a	Premises in such a state as to be prejudicial to health or a nuisance	36	40

92b	Animals kept in such a place or manner as to be prejudicial to health or a nuisance	...	...	1	2
92c	Accumulation or deposit prejudicial to health or a nuisance	...	...	2	4
92d	Dust or effluvia prejudicial to health or a nuisance	...	...	1	—
138	Provision of water supply	...	...	1	1
269	Regulating moveable dwellings	...	...	1	1
				84	82

#### PUBLIC HEALTH ACT, 1961.

17	Summary power to remedy stopped-up drains	...	19	19
27	(1) Houses in condition prejudicial to amenity of neighbourhood	...	1	1
			20	20

#### SHOPS ACT, 1950.

Sec.	1	Closing of shops on weekly half-holidays	...	1	1
	19	Meal times to be allowed	...	1	—
	37	Seats for female shopworkers to be provided	...	1	—
	38 (1a)	Suitable and sufficient ventilation	...	3	—
	38 (1b)	Provision and maintenance of suitable and sufficient temperature	...	—	—
	38 (2)	Provision of sanitary conveniences	...	9	7
	38 (4)	Provision of suitable washing facilities	...	5	3
	38 (5)	Provision of facilities for taking meals	...	—	—
	47	Closing of shop on Sunday	...	1	—
				21	11

#### FACTORIES ACT, 1937.

Sec.	1	Cleansing	...	—	1
	7	Sanitary Accommodation:—			
		Insufficient provided	...	1	3
		Maintenance	...	14	6
		Cleanliness	...	16	5
		Adequate lighting	...	5	6
		Ventilation and I.V.S.	...	2	—
		Privacy—Door, screening, etc.	...	2	—
		Access	...	—	—
		Separate	...	1	1
		Notices indicating sanitary accommodation	...	3	—
		Screen approach	...	1	—
				45	22

#### CLEAN AIR ACT, 1956.

Sec.	1	Emission of dark smoke from chimneys	...	8	3
	16	Smoke nuisances	...	2	2

#### PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Sec.	4	Notice requiring execution of works	...	3	1
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## Summary of Complaints, Contraventions and Notices served.

Complaints and Information Received	CONTRAVENTIONS		NOTICES		STAT. NOTICES	
	Found	Abated	Served	Abated	Served	Abated
Public Health ... ... ... ...	299	101	99	81	18	17
Food and Drugs Unsound Food	162	—	—	—	—	—
Food and Drugs ... ... ...	21	590	525	165	167	—
Shops ... ... ... ...	5.	20	10	12	3	—
Factories ... ... ... ...	—	47	24	20	14	—
Housing ... ... ... ...	10	6	2	6	2	—
Rodent Control ... ... ...	238	3	1	3	1	—
Clean Air ... ... ... ...	7	10	5	10	5	—
Rent Act ... ... ... ...	1	12	—	2	—	—
Milk and Dairies (General) Regs. ... ... ... ...	—	—	—	—	—	—
Merchandise Marks Act ...	—	—	—	—	—	—

## HOUSING AND SLUM CLEARANCE

With the submission this year of the Council's proposals for slum clearance over the next five years, one begins to wonder whether in fact we have progressed as far as we would have wished in this vital field of environmental health work. The problems of unfit houses, over-crowding, low standards and the despairing crawl towards modernised houses, but for slight changes in emphasis from time to time, are almost as much with us to-day as they were twenty or thirty years ago. The aim of a separate home with modern facilities for each family is still a matter of attainment only in the indeterminable future.

Carlisle's housing achievements since the first World War have been more than substantial. Approximately 2700 unfit separate dwellings have been demolished, closed, or otherwise put out of use for human habitation. Over the same period well over 10,000 new houses have been provided by the Council and almost a further 4,000 by private enterprise. Something like 50 per cent of all the Council houses and about 38 per cent of the privately owned houses are post World War II. There are still approximately 530 houses scheduled for action under the Act over the next five years on the completion of which there will almost certainly follow further programmes. There must be many married couples at present seeking homes of their own who were not even born at the outbreak of the last War and so the problem appears to be never ending.

Why is it that the supply of houses both in quantity and quality continues to lag behind the demand? Two World Wars have directly or indirectly either by the total cessation of housing activities curtailed new building and seriously impeded the sweeping away of unfit, worn out and obsolescent houses or, in their effect have also been the principal cause of disrepair to houses because of the shortages in man power and materials they brought about and the controls on rent they made necessary thereby creating a situation wherein landlords could not get returns adequate to properly maintain their houses.

Something like two-thirds of the houses scheduled to be dealt with during the next five years are contained in three fairly large areas which are already being surveyed in detail. In an area of any appreciable size there are inevitably to be found odd houses which on first thought would possibly appear because of their reasonably good structural condition, unsuitable subjects for slum clearance

action. They are, however, in the minority, and most of them are obsolescent in terms of modern housing amenities. The areas as a whole obviously call for re-development and this could best be secured and probably could only be secured by the Corporation itself acquiring the land.

It may be that during the next five years and within the life of the current programme housing practice will move towards a policy favouring the improvement of existing accommodation concurrently with the provision of new. It seems fairly certain that this will have become the accepted policy by the time the current programme is due to run out. Improvement of existing houses always poses the difficult problem of deciding whether a particular property or block of properties has passed the point of useful rehabilitation and should be demolished. There are numerous examples in Carlisle, particularly at the junctions of our older streets, where corner sites are congested with far too many houses with far too little open space, usually as a yard, for their common use. The congestion could be relieved by selective demolition but one then has doubts whether indeed the remaining houses are worth preserving and if so, whether or not the many owners involved would be able or willing to organise themselves into a unit capable of producing an acceptable proposal. When does the somewhat heavy expense incurred in such schemes balance or outweigh the destruction of some or all of structures which may be sound in themselves and capable of service? What of the hardship to private owners? Arguments for and against demolition can often be nicely balanced.

In this age when sites for housing development are becoming increasingly difficult to find and land values are rising it would seem a false policy to seek to preserve, just for the sake of putting off the unpleasant but inevitable thought of demolition, obsolete houses offering poor accommodation and amenities and consequently with limited appeal and earning potential when by demolition the proper development of the sites could be made to give a return more in keeping with their real value.

Conversely, however, there is something to be said in favour of resisting the temptation to demolish. Shortage of building labour is one consideration as there are not sufficient manpower reserves available to clear and rebuild all our twilight areas in the near future. The industry is very much absorbed in developing or re-developing the more

attractive sites in and around the City. For conversion work a different type of labour to that usually employed on new construction could be utilised.

In seeking to preserve these older houses some of the character of the City would be retained and it is not everyone who attaches merit only to things new. What is most likely, however, to make necessary the preservation of most of these houses for a limited time is that at the present moment site values in these positions have not yet risen sufficiently to attract the speculative developer having regard to the many administrative difficulties involved.

It may fall to the local authority to persuade owners to modernise this type of house even on a fairly short term basis. Indeed it may one day be a compulsory obligation. What is, however, quite evident is that existing Housing Act standards of fitness are many years behind public opinion of what constitutes reasonably comfortable living. The eventual minimum standard must aim at the 12 points of fitness employed in assessing suitability for improvement grants. In the meantime, many people are being denied these modern amenities now recognised as a social necessity. Cramped, overcrowded, substandard houses may be an instigator for some of the mental illness occurring in the country. In its least harmful form it may still cause much disharmony in a lot of families who might in more favourable circumstances lead reasonably placid and contented lives.

### **Progress Report**

By the end of the year the balance of unfit houses on the programme had been reduced to 632, of which action had been completed and displacement awaited in respect of 30 houses, and action was proceeding in respect of a further 64 houses, leaving a balance of 538 still to be dealt with.

A total of 131 houses, 32 of them unoccupied, were represented to Health Committee as being unfit for human habitation, 33 under Section 42 and comprised in 3 small areas, and 98 under Sections 16 and 18. This latter figure of 98 includes 15 houses owned by the Local Authority and a further 8 houses previously represented under Section 42.

## **Clearance Areas**

### **Description of Area**

The Carlisle (William Street) Clearance Area, 1959. Incorporated in the Carlisle (Housing) No. 1 Compulsory Purchase Order, 1959, comprising 60 occupied and 17 unoccupied houses.

The Carlisle (Denton Crescent) Clearance Area, 1959. Incorporated in the Carlisle (No. 1) Compulsory Purchase Order, 1960. Comprising 36 occupied houses.

The Carlisle (Harraby Street) Clearance Area, 1962. Comprising 12 occupied houses.

The Carlisle (Church Street, Stanwix) Clearance Area, 1962. Comprising 8 occupied houses.

The Carlisle (Queen Street and Rigg Street) Clearance Area, 1962. Comprising 13 occupied and 1 unoccupied house.

The Carlisle (South John Street Odd Nos.) Clearance Area, 1962. Comprising 5 occupied and 8 unoccupied houses.

The Carlisle (South John Street Even Nos.) Clearance Area, 1962. Comprising 6 occupied houses.

### **Action during the year**

13 families comprising 25 persons were displaced and re-housed in Corporation owned houses.

All the houses were vacated, 35 families comprising 98 persons being displaced and re-housed in Corporation owned houses.

—  
Action rescinded and property dealt with under Section 16.

Declared.

Declared.

Declared.

## **Individual Unfit Houses**

83 houses in private ownership were dealt with, either singly or in small groups, as being unfit for human habitation and not capable at a reasonable expense of being rendered so fit.

8 houses, previously included in the Carlisle (Church Street, Stanwix) Clearance Area, were again represented under Section 16 and orders for their demolition made, after which they were purchased by agreement and displacement of the occupants was commenced.

Action to clear the unsatisfactory houses in the Water Street, South John Street, Currock Street area, was continued and, in addition to the declaration of two small clearance areas, certificates of unfitness were made in respect of 7 houses which had been purchased by the Authority following the commencement of action against

the owner, and orders to close or demolish were made in respect of a further 6 houses.

Attention was also directed towards the unsatisfactory conditions prevailing in Brook Street, an area which serves to demonstrate that piecemeal development resulting from action on individual properties compares unfavourably with comprehensive improvement or clearance and redevelopment. In this area action has been influenced by the original proposal to construct a relief road and allowance made for some clearance and on the assumption that property between two main roads might with advantage change to commercial use. Previous action to secure the demolition of one block of houses had created difficulties in the use of the site and had been detrimental to adjoining properties. In order to avoid these difficulties the demolition orders on a second block were replaced by closing orders and the use for commercial purposes approved. Of the 16 back-to-back houses dealt with during the year, demolition orders were made in respect of 4, provisional proposals were made that 8 be converted into 4 modern dwellings and that 2 be used for commercial purposes. The 4 to be demolished are on the line of the proposed relief road as also are a further 2 Local Authority owned houses which were vacated and due for demolition following the making of certificates of unfitness.

### **Certificates of Unfitness**

Certificates of Unfitness and resolutions to demolish were made in respect of 22 houses owned by the Local Authority. 7 of these houses were in private ownership when represented and were purchased by agreement following the service of notice under Section 16.

## HOUSING STATISTICS

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	No of houses represented.	Orders made or Confirmed and Operative.	Displacement to Council Houses	Families.	Persons.	Demolished Closed or Made Fit.
In Clearance Areas	...	...	33	—	48	123
Individual Unfit Houses	...	...	83	—	—	—
Section 17. Demolition Orders	...	...	—	28	6	2
" Closing Orders	...	...	—	7	6	9
Undertaking to make fit	...	...	—	—	—	2
Section 18. Closing Orders	...	...	—	4	3	3
Section 35. Closing Orders made where Demolition Orders revoked	...	—	—	1	—	1
Unfit houses included in unfitness orders	—	—	—	—	—	—
Local Authority owned houses certified unfit by the Medical Officer of Health	15	22	8	15	5	5
TOTALS	...	131	62	71	184	22

## **Repair and Improvement of Houses**

Following service of notices under Section 16, Housing Act, 1957, agreement was reached with the various owners for works to be carried out to convert a total of 37 unfit houses and flats into 20 modernised and self-contained houses and flats. The formal undertakings had not been entered into at the end of the year.

In one instance, the owner having failed to carry out works in accordance with an undertaking, a closing order was imposed on the property.

Works were satisfactorily completed in compliance with an undertaking whereby 4 back-to-back houses were converted into two modernised terrace houses.

As a result of complaints received and following routine inspection, action was taken within the terms of the Public Health Acts to abate nuisances and to secure essential repairs to house property. For this purpose 37 notices were served relating to 39 houses, and works were executed in compliance with 36 notices relating to 39 houses.

## **Improvement Grants**

Owners wishing to improve their houses, or to provide a reasonable dwelling out of sub-standard property or property in other use, are entitled to make application to the Local Authority for a grant towards the cost of such works. In schemes entailing more extensive structural works of alteration and adaption the grant, which may be for half the cost of the work up to a maximum of £400, is paid only at the discretion of the Authority. The payment of grants towards the cost of the improvement of older but sound houses by the provision of certain basic amenities, referred to as Standard Grants, is obligatory, provided that the Local Authority are satisfied that the houses will afterwards, and for a minimum period of 15 years, not be unfit for human habitation, i.e. the houses must comply with the standard of fitness set out in Section 4 of the Housing Act, 1957.

Applications for grants are made through the City Surveyor and there is liaison with this Department to ensure that grants are not made in relation to houses which do not comply with Section 4, see above, and to ensure satisfactory and sanitary lay-out. 59 inspections were made for this purpose and the Council authorised the payment of

7 Discretionary and 36 Standard Grants, a disappointing response to a scheme which should be capable of ensuring that an increasing number of tenants as well as owner-occupiers enjoy the modern conception of reasonable housing accommodation.

## RENT ACT, 1957

### Certificates of Disrepair

There have been relatively few applications for certificates since 1953 and your Inspectors are rarely consulted regarding house rents. The work undertaken in this connection is as follows:—

Number of applications for certificates	...	...	2
Number of decisions not to issue certificates	...	...	—
Number of decisions to issue certificates:—			
(a) in respect of some but not all defects	...	...	1
(b) in respect of all defects	...	...	1
Number of undertakings given by landlords	...	...	—
Number of undertakings refused by local authority	...	...	—
Number of certificates issued	...	...	2
Applications by landlords to local authority for cancellation of certificates	...	...	—
Objection by tenants to cancellation of certificates	...	...	—
Decisions by local authority to cancel in spite of tenant's objection	...	...	—
Certificates cancelled by local authority	...	...	—

## ATMOSPHERIC POLLUTION

During the year 74 smoke observations were carried out and 62 visits made to factories and other premises to investigate smoke nuisances and also to obtain detailed information of the various types of boiler plant, furnaces and incinerators for office record purposes.

Seven complaints were received during the year relating to atmospheric pollution, and as a result of these complaints, together with information obtained from smoke observations, 10 notices were served. Eight of these were under Section 1 of the Clean Air Act relating to emissions of dark smoke, and the other two were served under Section 16 relating to smoke nuisances. Five of these notices were complied with immediately after service.

In the case of the outstanding notices assurances were given by the managements concerned that steps would be taken to minimise emission of dark smoke until such times in the near future when the plants concerned would be adapted to give smokeless combustion. In one case this in-

volves the conversion of an existing Hand-Stoked Lancashire Boiler to oil firing, and it is anticipated that this conversion will be carried out early in 1963.

The other case outstanding involves an industrial incinerator which, from observations carried out, was noted to give out some bad emissions of dark smoke from time to time. On inspection the incinerator was found to be of a very old type and in its existing form could not meet the requirements of the Clean Air Act. The operatives were advised on methods to employ to reduce the smoke emissions to a minimum, and the management gave assurances that they would carry out adaptations early in 1963 with which it is hoped smokeless combustion will be achieved.

The notices served under Section 16 of the Clean Air Act related to smoke nuisances which were found to exist at two premises in the town. One of the nuisances arose from wood waste being burned on a closed stove in a joiner's shop and the large volumes of smoke enveloped surrounding property in unfavourable weather conditions. The notice of the management was drawn to the nuisance which was immediately abated.

The other nuisance arose when a local scrap dealer was found to be burning old rubber cables and other dirty materials in his scrap yard with the result that dense black smoke was being emitted and causing a nuisance to the surrounding property. On being warned the dealer immediately doused the fire and no further nuisance has occurred.

On the whole pollution from industrial chimneys in the City is low and any emissions of dark smoke that do occur can usually be traced to some mechanical breakdown in the plant or from, in a few cases, a lack of care on the part of the operatives concerned. Informal discussions with the operatives is more often than not all that is required to abate any nuisance. It has been found from experience that in dealings with firms, the management willingly co-operate with the department to meet the provisions of the Clean Air Act.

A good deal of pollution is caused by railway engines in the various shunting yards in the City and the station, but it is hoped that the progressive modernisation schemes at present being carried out on the railways, including replacement of steam power by diesel, will bring about a marked reduction in pollution from this source, as no doubt

will the opening of the new marshalling yard at Kingmoor with several of the shunting yards in the City being closed and all marshalling being carried out at Kingmoor.

Of the numerous sources of atmospheric pollution in the City, pollution from domestic chimneys has probably the most significance and is certainly the most harmful. This is because of the fact that the burning of coal in open fires is notoriously inefficient and the smoke produced is emitted at a low level. A polluted atmosphere increases the incidence of, and death rate from respiratory diseases, causes economic loss by damage to buildings, waste of fuel, increasing the cost of cleansing, laundry work and painting. It reduces the amount of sunshine, can be the cause of dense black fogs in winter, and retards the growth of vegetation.

The acquisition of instruments for the measurement of atmospheric pollution is advisable as without the aid of instruments it is impossible to estimate the degree of pollution in the City. These could be placed at strategic points in the City and give some idea of the fluctuation in levels of pollution in the districts under survey, and be of some guidance when, at some time in the future, the Council may consider the necessity of the declaration of smoke control areas in the City.

### **TENTS, VANS AND SHEDS**

Licences were renewed for three living vans situate at the Sands, a site owned by the Authority. This land is also used for temporary housing of the Showground and members of the Showmen's Guild, many of whom spend most of the winter on this site.

Application was received for permission to site a caravan on land at Etterby, the application was refused as the site did not comply with the Model Standards recommended by the Minister for caravan sites.

During the year several complaints were received about caravans placed on the roadside verges of a lane on the boundary of the city. On each occasion the occupants were found to be either self-employed or dependent on casual work i.e. "tinkers" and substantial nuisance was found resulting from lack of sanitary facilities and the debris left by the sorting of scrap metal etc. Frequent visits were paid to the site until the nuisances were abated and the vans moved on.

# FACTORIES ACT, 1961

## 1. Inspection for purposes of provisions as to health (including inspections made by Public Health Inspectors).

PREMISES	Number on Register	NUMBER OF		Occupiers Prosecuted
		Inspections	Written Notices	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority.	26	1	—	—
(ii) Factories not included in (i) in which Sec. 7 is enforced by Local Authority.	296	218	20	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority.	12	10	—	—
<b>TOTAL ..</b>	<b>334</b>	<b>229</b>	<b>20</b>	<b>—</b>

## 2. Cases in which defects were found.

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted	
	Found	Remedied	Referred			
			to H.M. Inspec.	by H.M. Inspec.		
Want of Cleanliness (Sec. 1) .. ..	1	—	—	—	—	
Overcrowding (Sec. 2)	—	—	—	—	—	
Unreasonable Temp. (Sec. 3) .. ..	—	—	—	—	—	
Inadequate Ventilation (Sec. 4) .. ..	—	—	—	—	—	
Ineffectual Drainage of floors (Sec. 6) ..	—	—	—	—	—	
Sanitary Conveniences (Sec. 7)						
(a) Insufficient ..	1	3	—	—	—	
(b) Unsuitable or defective ..	41	17	—	—	—	
(c) Not separate for sexes .. ..	1	1	—	—	—	
Other offences against the Act (not including offences relating to Outwork) .. ..	4	2	—	—	—	
<b>TOTAL ..</b>	<b>48</b>	<b>23</b>	<b>—</b>	<b>—</b>	<b>—</b>	

## Outworkers

NATURE OF WORK	SECTION 110			SECTION 111		
	No. of out-workers in August list required by Section 110(1) (c)	No. of cases of default in sending lists to Council	No. of Prosecu- tions for failure to supply lists	No. of instances of work in un- wholesome premises	Notices served	Prosecu- tions
The Making, etc. of Wearing Apparel ..	1	—	—	—	—	—

## WATER SAMPLING

In addition to the routine sampling carried out by the Water Engineer of raw, partially treated, and fully treated water, two samples were taken by the Public Health Inspectors of mains water from domestic premises within the City and submitted to both the Public Analyst and the Public Health Laboratory. The Public Analyst certified both samples to be satisfactory. Both samples submitted to the Public Health Laboratory for bacteriological examination showed a complete absence of coliform bacilli and faecal coli per 100 ml. and received the classification—Excellent.

Two routine samples of water from the Public Baths at James Street were submitted to the Public Health Laboratory for bacteriological examination. Both samples showed a complete absence of coliform bacilli and faecal coli and were reported satisfactory.

## RODENT AND INSECT PEST CONTROL

### Surface Treatment — Rodent Control

Complaints or reports received and investigated—238.

	Dwelling Houses.	Business Premises,	Local Authority Premises.	Agri- cul'tural Premises.
Premises inspected for presence of rats or mice ..	300	988	57	15
Premises in which evidence of the presence of rats or mice was found .. .	143	99	39	2

Visits of inspection and treatment of all types of premises ... ...	2286	—	—	—
No. of baits laid ...	7343			

In the course of the year 5536 visits were made and 309 infestations were confirmed.

Warfarin poison has been so successful in the treatment of sewers that it is now being used for most surface infestations of rats and mice. Its use entails a greater number of baits being laid and frequent visits made to ensure adequate bait is available, but on balance, there is little difference in the time spent in clearing infestations as against the old method. In the majority of cases complete elimination of resident rodent colonies can be achieved. By a combination of the old and new methods heavy infestations such as occur at refuse tips can be quickly and thoroughly cleared.

Defective drains continue to be the major cause of infestation in property. For that reason it must be emphasised that disused drains should always be sealed off or removed, otherwise entry from the sewers is easily accomplished by rats.

### **Sewer Treatment — Rodent Control**

Trials carried out last year with Warfarin bait proved so effective that this year all treatments were made with Warfarin. The results were satisfactory. Until the even more effective poison, sodium fluoracetate, can be safely and readily handled, Warfarin would seem to be the best method as yet used for the control of rats in sewers.

### **Pests — Other than Rodents**

68 complaints concerning such pests were received and investigated by Public Health Inspectors and where necessary treatment was carried out by the two Rodent Operatives. They consisted of:—

3 concerning Beetles	2 concerning Wasps
26 concerning Cockroaches	1 concerning Golden
13 concerning Ants	Spider Beetles
1 concerning Woodworm	1 concerning Bedbugs
3 concerning Flies	1 concerning Bees
2 concerning Fleas	1 concerning Winter
2 concerning Rabbits	Gnats
1 concerning Mites	3 concerning Pigeons

Pigeons are still causing nuisance and damage to property in the centre of the City: Trapping has been tried with little success, mainly because some kindly people will feed and protect the birds. Consequently, the pigeon population appears to be on the increase, and it would seem necessary, therefore, to adopt more drastic measures to control their numbers.

## FOOD AND DRUGS

The protection of the public in any administrative area with regard to the quantity, quality, safety and hygienic handling of foodstuffs bought or consumed rests jointly in the public's own hands and those of the local authority. The strength of the purchaser lies in his absolute freedom to accept or reject whatever is offered to him and consequently his influence economically is a powerful one. He is, however, limited by the somewhat restricted evidence, opportunity and experience currently available to him with the result that direct complaints are usually confined to incivility or blatantly careless food handling. In a number of areas consumer protection groups have been formed by people unwilling to accept their seeming vulnerability to exploitation and these serve a very useful purpose by pin-pointing where value for money is to be had and in keeping a careful watch generally on price inconsistencies. In the most important field, however, that which could affect the health rather than the pocket or dignity of the individual, the responsibility rests with the food and drugs authority which can create the opportunity, bring to its aid all the specialised knowledge and experience necessary to ascertain the true facts and when required has the power to take remedial or in extreme cases punitive action.

Seldom is there now any attempt crudely to adulterate food. What is, however, causing both official and public concern is the more subtle and insidious practice sometimes encountered in the use of food additives to disguise faulty processing or to deceive customers as to the nature or quality of food. For the protection of consumers this authority and indeed all food and drugs authorities regularly take samples of as wide a variety of foodstuffs as possible for examination by public analysts retained by the authorities for that purpose. By this system of nationwide sampling local remedial action can quickly be taken and information channelled to appropriate government departments. This can and frequently does result in protective legislation being introduced.

Similar concern has been expressed over the use of chemical insecticides and weed-killers. It is considered in some circles both in the use of food additives and insecticides that their cumulative effect may in time present a health hazard to the consumer. This applies especially to foods that may form a major part of the diet of some sections of a community, or that may be consumed in large quantities seasonally.

The Ministry of Agriculture, Fisheries and Food have laid down very strict directives to commercial growers concerning the use of many chemical insecticides now available to them. What the local authority can and does do in this connection is to send samples of fruit and vegetables on sale locally for examination for the presence of such contaminants. There is by no means, however, universal content or complacency either in the profundity of the knowledge available on these important and indeed controversial issues or by the degree of urgency being shown at certain levels to ascertain the truth in such matters. At a much more earthy level one would remind the amateur gardener that as some of these chemicals are available to him his use of them may perhaps not be as cautious as might be desired.

The correct labelling of food is also receiving increased attention. Misdescription intended to deceive is of course insupportable but also from the purchaser's point of view anything calculated to mislead or confuse either by deliberate overstatement, understatement or ambiguity, should be made virtually impossible. The whole system would no doubt be simplified if food standards were recognised as being a national responsibility and labels subject to approval on a national basis. As it is decisions rest to a great extent with local authorities and with local courts. Every local authority should, I feel, satisfy itself beyond all reasonable doubt that foodstuffs manufactured within its own area whether for sale locally or widely should conform both in the spirit and in the letter of the law in this connection. Extravagant claims for special virtues connected with the use or consumption of certain articles is also a matter which could be tightened up considerably by the introduction of suitable legislation. In this the power of advertising plays a great part and in particular the kind of advertising in which more and more words are used to say less and less of importance or consequence to the customer. In these "rave" advertisements great care is taken to avoid any statement which could be construed and thereby challenged as misrepresentation. The effect is

gained and no doubt results achieved by constant exhortation and repetition in the implication rather than the statements made and in the use of what has now become known as "the seductive cliché."

## Inspection and Registration of Food Premises

	No. in Area.	No. of Inspections.
<b>Registerable Premises—</b>		
Ice Cream—		
Wholesale Manufacture ... ... ... 1 8		
Manufacture and Retail Sale ... ... ... 17 58		
Wholesale Storage for Sale ... ... ... 3 —		
Retail Sale—Mainly pre-packed ... ... ... 232 67		
Preparation or manufacture of Sausage, or Potted, Pressed, Pickled or Preserved Food ... ... 70 84		
Fish Friers ... ... ... ... 28 64		
<b>Other Food Premises—</b>		
Bakehouses ... ... ... ... 47 109		
Bakers and Confectioners' Shops ... ... ... 81 90		
Butchers' Shops ... ... ... ... 86 176		
Catering Establishments—		
Hotels, Restaurants, Cafes, etc. ... ... 48 144		
Industrial and Commercial Canteens ... ... 33 15		
School Canteens ... ... ... 34 21		
Residential Hospitals, Institutions ... ... 19 8		
Non-res. Inst., Clubs, Halls, etc. ... ... 21 37		
Boarding and Guest Houses, etc. ... ... 32 21		
Fruiterers' and Greengrocers' Shops ... ... 83 60		
Wholesale Merchants ... ... ... 5 16		
Grocers and Provision Merchants—		
Shops ... ... ... ... 188 299		
Wholesale Merchants ... ... ... 7 16		
Licensed Premises—Inns, Hotels, etc.		
Sugar Confectionery—Shops ... ... ... 78 41		
" Wholesale ... ... ... 7 16		
Wet Fish—Shops ... ... ... ... 16 16		
" Wholesale ... ... ... 2 1		
Food or Drinks Manufactories ... ... ... 11 33		
Public Slaughterhouses ... ... ... 1 40		
Bacon Factory ... ... ... ... 1 18		
Mobile Shops, Vans, Canteens ... ... ... 146 77		
Temporary Market Stalls ... ... ... 76 78		
Pharmaceutical Chemists ... ... ... ... 24 —		

## MILK SUPPLY

Milk and Dairies (General) Regulations, 1959—		
No. of Milk Distributors on the Register ... ...		93
No. of Dairies on the Register ... ... ...		7
Milk (Special Designations) Regulations, 1960—		
No. of Dealers licensed to use the designation " Tuberculin Tested" ... ... ... 12		
No. of Dairies (Pasteuriser's) licences ... ... ... 3		
No. of Dealers licensed to use the designation " Pasteurised" ... ... ... ... 95		
No. of Dealers licensed to use the designation " Sterilised" ... ... ... ... 27		

## **FOOD POISONING**

28 cases of food poisoning were notified to the Department, 14 of which resulted from a single outbreak of undetermined origin, fortunately the illness was mild and of short duration.

Of the remaining cases, 12 were found to be due to salmonella organisms. Several households and 4 food handlers in the bakery trade were involved. With the co-operation of the Border Rural District Council a thorough check of the bakery premises were made, food handling staffs were examined and samples of raw materials used in the bakehouses were taken in an attempt to establish the sources of infection. This involved the Department in a great deal of work but due to the lapse of time between onset of the illness and investigation the origins of the outbreaks were not discovered. The food handlers concerned were excluded from work until clear of the infection.

107 cases of dysentry were notified and investigated. Total number of visits made in connection with infectious diseases 391. Total number of visits made in connection with notified food poisoning cases 115.

## **FOOD AND DRUGS ACT**

### **Food Hygiene Regulations**

The following is a list of contraventions found on inspection:—

			Contraventions Found	Abated
Insanitary premises	...	...	1	2
Cleanliness of equipment	...	...	85	62
Protection of food from contamination	...	...	39	43
Personal hygiene of food handling staffs	...	...	15	5
Sanitary conveniences	...	...	71	78
Water supply	...	...	1	—
Staff washing facilities	...	...	132	134
First Aid equipment	...	...	13	7
Accommodation for outdoor clothing	...	...	27	22
Facilities for washing equipment	...	...	87	44
Lighting of food rooms	...	...	4	5
Ventilation of food rooms	...	...	5	2
Cleanliness of food rooms	...	...	145	82
Accumulations of refuse	...	...	4	5
Maintenance of temperature of foods	...	...	2	3
Stalls and vehicles	...	...	41	13
Conveyance of meat	...	...	1	2
<b>FOOD HANDLING BYELAWS</b>	...	...	7	—
<b>MILK AND DAIRIES REGULATIONS</b>	...	...	1	—

# FOOD CONTROL

Food samples submitted for analysis:—

Article.	No. of Samples			No. found to be unsatisfactory.		
	Formal	Informal	Total	Formal	Informal	Total
Almonds (Ground) ...	—	5	5	—	—	—
Butter .....	2	1	3	—	1	1
Butter Toffee .....	—	1	1	—	—	—
Bread (Sliced) .....	—	1	1	—	1	1
Cherries (Glaceé) .....	—	3	3	—	—	—
Chicken Fritters .....	—	1	1	—	—	—
Coffee .....	—	1	1	—	—	—
Cough Mixtures .....	—	2	2	—	1	1
Cream Cakes .....	—	1	1	—	—	—
Double Cream .....	1	—	1	—	—	—
Dressed Crab .....	—	1	1	—	—	—
Fish Cakes .....	5	—	5	—	—	—
Glycerin, Honey and Lemon .....	—	2	2	—	—	—
Ice-cream .....	8	—	8	1	—	1
Jam .....	—	3	3	—	2	2
Lemon Curd .....	—	2	2	—	—	—
Lozenges .....	—	1	1	—	—	—
Malt Vinegar .....	—	2	2	—	—	—
Marmalade .....	—	1	1	—	1	1
Milk .....	35	7	42	5	—	5
Potted Meat .....	2	12	14	—	1	1
Rum Butter .....	—	6	6	—	—	—
Sausage (Beef) .....	4	1	5	—	—	—
Sausage (Pork) .....	6	5	11	—	3	3
Tomato Ketchup .....	—	1	1	—	—	—
Wheatmeal Flour .....	—	1	1	—	—	—
	63	61	124	6	10	16

Samples reported to be unsatisfactory:—

No. of Sample	Article	Report
12/62	Milk.	Substandard but genuine milk, deficient in solids-not-fat to the extent of 2.3%.
15/62	Cough Mixture.	Proprietary medicine conforming in composition to the declaration on the label, and including tincture of chloroform and morphine. The sample did not conform to the Pharmacy and Poisons Act, in that the word Poison or a suitable alternative did not appear on the label.
28/62	Potted Meat.	Potted Meat containing sulphur dioxide preservative. Under the Preservatives Regulations sulphur dioxide is not permitted in Potted Meat.
33/62	Milk.	Substandard but genuine milk, deficient in solids-not-fat to the extent of 1.1%.

37/62	Pork Sausage.	Pork Sausage containing sulphur dioxide, the presence of which was not declared.
54/62	Butter.	Butter heavily contaminated with mould.
58/62	Milk.	Milk deficient in fat to the extent of 10%.
66/62	Milk.	Substandard but genuine milk deficient in solids-not-fat to the extent of 2.3%.
75/62	Strawberry Jam.	Deficient in soluble solids to the extent of 7.4%.
76/62	Raspberry Jam	Deficient in soluble solids to the extent of 8.6%.
77/62	Marmalade	Deficient in soluble solids to the extent of 10.9%.
81/62	Pork Sausage	Pork Sausage containing sulphur dioxide preservative, the presence of which was not declared.
81A/62	Sliced Bread	Bread containing larvae of an insect.
84/62	Ice-Cream.	Deficient in fat to the extent of 30%.
115/62	Milk.	Substandard but genuine milk, deficient in solids-not-fat to the extent of 1.1%.
125/62	Pork Sausage.	The sample contained sulphur dioxide preservative, the presence of which was not declared. The sample was also deficient in meat to the extent of 10.5% (based on the standard of 65% meat in pork sausage recommended by the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food).

During the year it was possible for the sampling of food and drugs to be carried out to a greater extent and in a more systematic manner than in recent years. An attempt was made to ensure that the samples submitted to the Public Analyst represented a cross section of the types of food sold within the City, and at the same time special attention was paid to products which had been manufactured or packed locally since it is felt that the Department has a greater responsibility for the control of these products than of those which are manufactured elsewhere and marketed over a wide area.

Of the 122 routine formal and informal samples which were submitted to the Analyst, 14 were reported to be unsatisfactory. 5 of these were samples of milk which, although deficient in either milk fat or other milk solids, were reported to be genuine, the deficiencies being due to natural fluctuations in the composition of the milk in most of the cases. Subsequent samples, taken from the same source proved to be satisfactory.

9 of the unsatisfactory samples were of manufactured products which had been produced locally. It was not found necessary to take any legal action in respect of any of these samples but rather it was thought appropriate to interview and advise the manufacturers. Subsequent samples of the same products were found to be satisfactory. The remaining unsatisfactory sample was of a cough mixture which did not bear a label indicating the danger of exceeding the stated dose. This matter was also dealt with informally and the action taken resulted in the provision and use of the appropriate labels.

### **Investigation of Complaints.**

The two further samples which were reported to be unsatisfactory had been submitted to the Public Analyst as a result of complaints received from members of the public.

The sample of butter was reported to be heavily contaminated with mould, and had obviously been stored for a considerable time before reaching the purchaser. It had been manufactured in Carlisle and supplied to a grocer in Penrith where it was bought by the complainant. Despite investigations which were made by both this Department and the Health Department of Penrith U.D.C. it was found impossible to prove who was at fault.

A complaint was received from a person who had purchased a sliced loaf and discovered it to contain what appeared to be mouse droppings. The bread was submitted to the Public Analyst who reported it to contain fragments of larvae of an insect, together with particles of carbon probably derived from burnt flour. The manager of the bakery concerned was interviewed and warned of the seriousness of the occurrence.

The following are a few of the other complaints dealt with during the year.

**27.2.62.** The purchaser of a roast chicken complained that it had a slight metallic taste, and that his wife had been slightly unwell shortly after consuming it. The remains of the chicken were submitted to the Public Health Laboratory service for examination. No food poisoning organisms were isolated from the chicken and the Pathologist was of the opinion that the history was not typical of chemical food poisoning.

**9.5.62. Complaint No. 3015.** A meat patty purchased from a local fish frier was found to contain a spent match. On investigation it was found that a shelf above the bench

on which the meat patties were made up was used for keeping oddments including spent matches, and a number of burns on the shelf suggested that lighted cigarettes were also placed upon it while the bench was in use. The proprietor of the shop was warned that not only was it an offence to sell an article of food containing a spent match but also it was illegal for a person to smoke whilst engaged in the handling of food on any food premises. He was also warned that any recurrence of the offence could lead to legal proceedings being instituted against him.

**23.7.62.** A Cornish pastie purchased locally was found to be affected by mould. The pasties had been manufactured by a nationally known firm and supplied to a shop in the city. On investigation it appeared that the pastie had been in the possession of the retailer for from 3 to 5 days. The retailer was warned that a recurrence of the offence could lead to legal proceedings being instituted against him.

**28.11.63** A jam Swiss roll purchased locally was found to contain a nylon thread about 41 inches long. The roll was found to have been manufactured by a Middlesbrough firm who were contacted. The firm could offer no explanation as to the manner in which the thread was introduced into the roll except that it would probably occur during rolling prior to packing. An assurance was given with regard to the precautions that would be taken to prevent a recurrence.

### Bacteriological Sampling of Foodstuffs

During the year 61 samples of ice-cream were obtained and submitted to the Public Health Laboratory for examination. The test performed on the samples was the Methylen Blue Test which gives an indication of the bacterial content of the ice-cream. The samples were graded according to the provisional grading scale recommended by the Ministry of Health. The scale prescribes four grades, grades 1 and 2 being regarded as satisfactory and grades 3 and 4 as unsatisfactory. The grading of the 61 samples taken was as follows :—

Grade 1	Grade 2	Grade 3	Grade 4
36	8	5	12

A new development among local ice-cream retailers was the introduction of the soft ice-cream machine. By means of this machine an ice-cream mix is dispensed via a nozzle as required. The mix may be obtained by the retailer pre-packed as a liquid mix or may be made by him by adding water to an ice-cream powder. A potential hazard lies in

the fact that while the use of such a machine, particularly where the powder mix method is used, requires a high degree of cleanliness and a good sense of hygiene, the machine may be obtained and used by persons having limited experience of food handling. It is not surprising, therefore, that a number of samples of such ice-cream were reported by the Public Health Laboratory to be unsatisfactory. It is gratifying to be able to state that after repeated visits had been paid to users of soft ice-cream machines for the purpose of giving advice and obtaining further samples the report of the Public Health Laboratory showed a distinct improvement in the bacteriological standard of the soft ice-cream. In fact, all samples of soft ice-cream taken during the latter part of the year were found to be completely satisfactory.

In the case of a few more experienced manufacturers, samples were repeatedly found to be unsatisfactory over a long period despite advice given and although an improvement was shown towards the end of the year it will be necessary to continue to pay attention to these manufacturers.

Another potentially dangerous commodity is frozen egg. During the year 33 samples of frozen egg were obtained from stocks held by local bakers, and submitted to the Public Health Laboratory for examination. 5 samples taken from one batch of frozen egg were found to have a high degree of bacterial contamination. This matter was dealt with informally by communication with the holders of the stock and the remainder of the batch was later destroyed.

5 samples of other foods were submitted for bacteriological examination following cases of suspected food poisoning. No pathogenic organisms were found in any of the samples.

### Bacteriological Examination of Milk

Regular sampling of milk for bacteriological examination was continued throughout the year. 27 samples of pasteurised milk were submitted to the Phosphatase Test which indicates the efficiency or inefficiency of pasteurisation. All the samples were found to be satisfactory. Similarly the three samples of sterilised milk which were obtained satisfied the Turbidity Test.

27 samples of pasteurised milk and also 132 samples of untreated Tuberculin Tested milk were submitted to the

Methylene Blue test which indicates the bacterial content to which the keeping quality of the milk is related. All of the samples of pasteurised milk were found to be satisfactory.

4 of the samples of raw T.T. milk failed the test, a percentage of 3.7 of the total samples. This compares favourably with the corresponding figure of 8.25 for 1961.

A further test performed on the samples of raw milk is the Milk Ring Test. A positive reaction to the test indicates the possibility of the presence of the organism *Brucella Abortus*, the causative organism of undulant fever. Positive samples are cultured to confirm the presence or the absence of the organism. One sample taken during the year was found to contain the *Brucella Abortus* organism. A sample of raw Tuberculin Tested Milk taken on 1st March, 1962, from the delivery vehicle of a producer/retailer with premises in the area of an adjoining local authority was reported culture positive *Brucella Abortus* on 12th March, 1962. A copy of the report was sent to the M.O.H. of the district who confirmed that the milk would be diverted for heat treatment. Subsequently it was found that the Milk Marketing Board were unable to provide the producer/retailer with accommodation milk, so it was arranged that each individual cow on the farm be tested and any positive to the Milk Ring Test removed from the farm to another farm under the same ownership in order to exclude infected milk from the retail supply. Subsequent frequent samples taken from the delivery vehicle in Carlisle proved negative to the Milk Ring Test.

### Heat Treated Milk

Designation	No. of Samples	Meth. Blue		Phosphatase		Turbidity Test		Unsatisfactory Samples Percentage
		Pass	Fail	Pass	Fail	Pass	Fail	
T.T.Pasteurised	11	11	—	11	—	—	—	—
Pasteurised ..	13	13	—	13	—	—	—	—
Pasteurised (Schools) ..	3	3	—	3	—	—	—	—
Sterilised ..	3	—	—	—	—	3	—	—
<b>TOTALS ..</b>	<b>30</b>	<b>27</b>	<b>—</b>	<b>27</b>	<b>—</b>	<b>3</b>	<b>—</b>	<b>—</b>

## Milk Other Than Heat Treated

DESIGNATION	No. of Samples	PASSED Meth. Blue	FAILED Meth. Blue	Unsatisfactory Samples Percentage
Tuberculin Tested	96	93	3	4.2
T.T.Jersey ..	36	34	1	2.8
<b>TOTALS ..</b>	<b>132</b>	<b>127</b>	<b>4</b>	<b>3.7</b>

### **FOOD HYGIENE**

Steady progress has been maintained in the routine inspection of food premises. The number of visits made by the District Inspectors to the various types of food premises has almost doubled so that traders generally are kept constantly aware of the need for care in food handling.

Many shopkeepers are growing to realise that a high standard of hygiene in their premises results in greater trade. It is encouraging to see much old and obsolete equipment being replaced by equipment of modern design, refurbishing of premises invariably results in employees taking greater pride in their jobs, bringing with it an improvement in personal hygiene.

In addition to this superficial improvement in premises and equipment on the spot discussions take place with both management and employees continuing the educative process in the hygienic handling of food.

### **Food Hygiene (General) Regulations, 1960**

It was found necessary to instigate proceedings against a market trader for handling unprotected food whilst smoking a cigarette. The defendant was found guilty and fined £3 3s. and £2 2s. costs by the City Magistrates.

### **Salmonella Survey**

In collaboration with Dr. Davies of the Public Health Laboratory weekly specimens are being taken of the discharges from the larger meat and poultry handling premises in the city. During the year salmonellae organisms were isolated from such effluents on 8 occasions but so far the survey has failed to show any direct connection with any salmonella food poisoning cases that occurred within the City during the same period.

	No. of specimens taken	No. Negative	No. Positive
Public Slaughterhouse .....	18	16	2
Private Slaughterhouse .....	10	5	5
Poultry processing plant ...	9	8	1
Meat processing plant .....	60	60	Nil

Salmonella types isolated included Salm-give, newport, anatum, puna, worthington, thompson, dublin.

### Licensing Act, 1961

There are 21 clubs licensed by the City Magistrates for the sale of intoxicating liquor. All the premises were found to be suitable for the purpose and after the carrying out of certain minor works in no case was it found necessary to raise objection to their licensing by the Magistrates.

### Meat and Food Inspection Public Slaughterhouses Carcases Inspected including those condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed .. ..	6484	340	195	26919	8301	—
Number inspected .. ..	6484	340	195	26919	8301	—
<b>ALL DISEASES EXCEPT TUBERCULOSIS</b>						
Whole carcases condemned	11	19	41	128	12	—
Carcase of which some part or organ was condemned	1920	126	36	1753	397	—
Percentage of the number inspected affected with disease other than tuber- culosis .. .. ..	29.84	42.67	39.48	6.94	4.92	—
<b>TUBERCULOSIS ONLY</b>						
Whole carcases condemned	—	2	—	—	—	—
Carcase of which some part or organ was condemned	6	19	—	—	89	—
Percentage of the number inspected affected with tuberculosis .. .. ..	0.09	6.17	—	—	1.07	—
<b>CYSTICERCOSIS</b>						
Carcase of which some part or organ was condemned	58	—	—	—	—	—
Carcasses submitted to treat- ment by refrigeration ..	58	—	—	—	—	—
Generalised and totally con- demned .. .. ..	1	—	—	—	—	—

## **Public Slaughterhouses**

<b>Year</b>	<b>Cattle</b>	<b>Sheep and Lambs</b>	<b>Calves</b>	<b>Pigs</b>	<b>Total</b>
1959	6039	29919	250	7047	43255
1960	6433	27034	226	6759	40452
1961	6684	29702	243	6657	43286
1962	6824	26919	195	8301	42239

## **Harraby Bacon Factory**

1959				112716	112716
1960				106259	106259
1961				127619	127619
1962				152916	152916

Table showing number of Carcasses and Part Carcasses condemned for diseases other than Tuberculosis

DISEASE OR CONDITION	Whole Carcasses				Part Carcasses			
	Cattle	Sheep	Calves	Pigs	Cattle	Sheep	Calves	Pigs
Abscesses & Suppurative Conditions	—	—	—	—	—	—	—	4
Actinobacillosis	—	—	—	—	—	—	—	—
Acute Enteritis	—	—	—	—	—	—	—	—
Abnormal Odour	—	—	—	—	—	—	—	—
Arthritis Suppurative	—	—	—	—	—	—	—	—
Arthritis	—	—	—	—	—	—	—	—
Bruising Extensive and Severe with Gangrene	—	—	—	—	—	—	—	—
Bruising & Injuries	—	—	—	—	—	—	—	—
Cysticercus Bovis	—	—	—	—	—	—	—	—
Contamination	—	—	—	—	—	—	—	—
Dystopia	—	—	—	—	—	—	—	—
Emaciation Pathological	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	5
Enterotoxaemia	—	—	—	—	—	—	—	—
Septicaemia	—	—	—	—	—	—	—	—
Fever	—	—	—	—	—	—	—	—
Immaturity	—	—	—	—	—	—	—	—
Jaundice	—	—	—	—	—	—	—	—
Joint-ill	—	—	—	—	—	—	—	—
Mastitis Acute Septic	—	—	—	—	—	—	—	—
Mastitis	—	—	—	—	—	—	—	—
Moribund	—	—	—	—	—	—	—	—
Malformation	—	—	—	—	—	—	—	—
Oedema (Generalised)	—	—	—	—	—	—	—	—
Oedema	—	—	—	—	—	—	—	—
Peritonitis Septic	—	—	—	—	—	—	—	—
Peritonitis	—	—	—	—	—	—	—	—
Pneumonia Acute Septic	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	—	—	—	—	—
Pyaemia	—	—	—	—	—	—	—	—
Pleurisy	—	—	—	—	—	—	—	3
Post Mortem Putrefaction	—	—	—	—	—	—	—	—
Swine Fever	—	—	—	—	—	—	—	—
Uraemia	—	—	—	—	—	—	—	—

## Diseased and Unsound Food

The following table shows the amount of food declared to be unfit for human consumption during 1962:—

### PUBLIC SLAUGHTERHOUSES:

	T.	C.	Q.	Lb.	T.	C.	Q.	Lb.
Beef	...	...	6	0	3	5		
Beef Offals	...	...	12	0	1	6		
Mutton	...	...	2	9	0	3		
Mutton Offals	...	...	1	19	1	18		
Veal	...	...		16	2	27		
Veal Offals	...	...		3	1	12		
Pork	...	...		11	1	17		
Pork Offals	...	...	1	8	1	11		

25      9      1      15

### HARRABY BACON FACTORY:

Pork	...	...	37	1	2	10		
Offals	...	...	48	12	3	1		

85      14      1      11

### OTHER SOURCES:

Tinned Meat	...	1	4	2	12			
Miscellaneous Foodstuffs			14	0	13			
Apples	...	...	10	2	24			
						2	9	1      21
						TOTAL	...	113      13      0      19

2493 tins Miscellaneous Foodstuffs.





*Steel Bros. (Carlisle) Ltd.*